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(54) **Mesenchymal stem cells for the treatment of CNS diseases**

Mesenchymale Stammzellen zur Behandlung von Erkrankungen des Zentralnervensystems

Cellules souches mésenchymateuses destinées au traitement de troubles du SNC

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Remarks:

The file contains technical information submitted after the application was filed and not included in this specification

Description

[0001] The present disclosure relates to cells and populations thereof which can be used for treating CNS diseases.

[0002] Parkinson's disease is an age-related disorder characterized by progressive loss of dopamine producing neurons in the substantia nigra of the midbrain, which in turn leads to progressive loss of motor functions manifested through symptoms such as tremor, rigidity and ataxia.

[0003] The use of stem cells as a cellular source in cell replacement therapy for Parkinson's disease has been suggested. Stem cells have the ability to exist *in vivo* in an undifferentiated state and to self-renew. They are not restricted to cell types specific to the tissue of origin, and so they are able to differentiate in response to local environmental cues from other tissues. This capability of self renewal and differentiation has great therapeutic potential in curing diseases.

[0004] U.S. Patent Appl. 20050265983 to the present inventors teaches human dopamine synthesizing MSCs which express neuronal markers and transcription factors that characterize midbrain DA neuron following induction of neuronal differentiation.

[0005] As an alternative to a dopamine replacement strategy, cell therapy may be aimed at restoring or reestablishing the normal anatomy (connectivity) and physiology (appropriate synaptic contacts and functioning) of the striatum. In this instance, the grafted cells have to survive and possess morphological electrophysiological and functional dopaminergic properties.

[0006] Neurotrophic factors (NTFs) are secreted proteins that regulate the survival, functional maintenance and phenotypic development of neuronal cells. Alterations in NTF levels are involved in triggering programmed cell-death in neurons and thus contribute to the pathogenesis of Parkinson's and other neurodegenerative diseases.

[0007] One of the most potent NTF for dopaminergic neurons is called glial cell line-derived neurotrophic factor (GDNF). It is known to promote the survival of the dopaminergic neurons in the substantia nigra, promote neurite outgrowth, increase cell body size and also raise levels of TH. GDNF belongs to a family of proteins, related to the TGF- β -superfamily, currently consisting of four neurotrophic factors: GDNF, Neurturin (NTN), Persephin, and Artemin/Neublastin. These factors are known to serve as regulators of cell proliferation and differentiation.

[0008] Various cells type produce GDNF including glia cells (oligodendrocytes and astrocyte), neuroblastoma and glioblastoma cell lines. It has recently been shown that rat BMSCs cultured in DMEM supplemented with 20 % fetal bovine serum, at passage 6 express GDNF and NGF [Garcia R, et al., Biochem Biophys Res Commun. 316(3):753-4, 2004].

[0009] Administration of GDNF directly into the brain has been shown to be effective in various animal models of PD. In addition, exposure of cells to GDNF prior to transplant has proven beneficial. For instance, grafting of 400,000 fetal dopaminergic neurons prior to transplantation significantly improved the rotational behavior of lesioned rats [Mehta V, et al., J Neurosurg. 1999 Apr; 90(4):804-6].

[0010] Various methods have been used to aid administration of GDNF into the brain including osmotic pumps, capsules and microspheres. Another approach for GDNF delivery is *in vivo* gene therapy. Bone marrow mesenchymal cells genetically engineered to express GDNF, transplanted into MPTP-lesioned mice, were able to protect nigral neurons as well as striatal fibers [Park, K., Neurosci. Res. 40: 315-323, 2001].

[0011] Glutamate is the main excitatory amino acid neurotransmitter in the human central nervous system (CNS). It plays a major role in synaptic plasticity, learning, development, cognitive functions and human behavior. However, if not properly controlled glutamate may lead to detrimental results. Prolonged exposure to glutamate leads to over stimulation of excitatory a.a receptors, a process culminating in neuronal cell death.

[0012] Regulation of glutamate levels near and within the synaptic cleft is primarily performed by astrocytes. When extracellular glutamate levels are high, astrocytes can remove it from the synaptic space. Glutamate uptake is facilitated mainly by high affinity excitatory a.a transporters, which insert Na⁺ and H⁺ into the cell, while removing K⁺ from the cell, thus enabling the transfer of glutamate into the cell against its electrochemical gradient. Although, the less common form of Na⁺ independent transport also occurs.

[0013] Accumulating evidence implicate glutamate toxicity in the pathophysiology of several acute neurodegenerative processes, mainly cerebral ischemia and traumatic brain injuries. Furthermore, it appears that glutamate toxicity participates in chronic neurodegenerative disorders such as Huntington's disease (HD), Parkinson's disease (PD), amyotrophic lateral sclerosis (ALS), epilepsy and Alzheimer's disease (AD).

[0014] Reducing extracellular glutamate levels around the susceptible neurons affected by glutamate toxicity in the different disease modules may halt the neurodegenerative progression. A possible approach to provide such neuronal protection is by transplanting cells capable of performing glutamate uptake adjacent to the endangered neurons. Adult human mesenchymal stem cells (hMSC) obtained from bone marrow, may vary well prove to be a viable source for such transplantations.

[0015] Several studies have shown that MSCs following exposure to different factors *in vitro*, change their phenotype and demonstrate neuronal and glial markers [Kopen, G.C., et al., Proc Natl Acad USA. 96(19):10711-6, 1999; Sanchez-Ramos, et al. Exp Neurol. 164(2):247-56. 2000; Woodbury, D., J Neurosci Res. 61(4):364-70, 2000; Woodbury, D., et

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[0016] WO2006/134602 teaches differentiation protocols for the generation of neurotrophic factor secreting cells.

[0017] WO2007/066338 teaches differentiation protocols for the generation of oligodendrocyte-like cells.

[0018] WO2004/046348 teaches differentiation protocols for the generation of neuronal-like cells.

SUMMARY OF THE DISCLOSURE

[0019] The present invention relates to an isolated, non-genetically manipulated human cell obtainable by differentiating a non-differentiated mesenchymal stem cell which has been incubated in a medium comprising platelet lysate, wherein the cell secretes brain-derived neurotrophic factor (BDNF), and does not secrete nerve growth factor (NGF) wherein a basal secretion of said BDNF is at least five times greater than a basal secretion of said BDNF in a non-differentiated mesenchymal stem cell, said non-differentiated mesenchymal stem cell expressing CD73, CD90 and CD105 and not expressing CD14, CD19, CD34, CD45 and HLA-DR, wherein said basal secretion of said non-differentiated MSC occurs in the absence of stimulants.

[0020] Preferably, it takes up at least 10 times more glutamate from its surroundings than a non-differentiated mesenchymal stem cell which expresses CD73, CD90 and CD105 and does not express CD14, CD19, CD34, CD45 and HLA-DR.

[0021] Preferably, said differentiating is effected using a differentiating agent selected from the group consisting of platelet derived growth factor (PDGF), human neuregulin 1- β 1, FGF2, EGF, N2, IBMX and cAMP.

[0022] Preferably, said differentiating agent comprises each of platelet derived growth factor (PDGF), human neuregulin 1- β 1, FGF2, EGF, N2, IBMX and cAMP.

[0023] Preferably, said mesenchymal stem cell has been incubated in said medium comprising platelet lysate for at least four weeks.

[0024] Preferably, said medium is devoid of serum.

[0025] Preferably, said differentiating is effected by incubating said mesenchymal stem cells in a first differentiating medium comprising epidermal growth factor hEGF and/or basic fibroblast growth factor; and subsequently incubating said mesenchymal stem cells in a second medium comprising platelet derived growth factor and human neuregulin 1- β 1.

[0026] The cell of the present invention is for use in the manufacture of a medicament for treating a CNS disease or disorder.

[0027] Preferably, the CNS disease or disorder is selected from the group consisting of Parkinson's, multiple sclerosis, epilepsy, amyotrophic lateral sclerosis, stroke, autoimmune encephalomyelitis, diabetic neuropathy, glaucomatous neuropathy, Alzheimer's disease and Huntingdon's disease.

BRIEF DESCRIPTION OF THE DRAWINGS

[0028] The disclosure is herein described, by way of example only, with reference to the accompanying drawings. With specific reference now to the drawings in detail, it is stressed that the particulars shown are by way of example and for purposes of illustrative discussion of the preferred aspects of the present disclosure only, and are presented in the cause of providing what is believed to be the most useful and readily understood description of the principles and conceptual aspects of the disclosure. In this regard, no attempt is made to show structural details of the disclosure in more detail than is necessary for a fundamental understanding of the disclosure, the description taken with the drawings making apparent to those skilled in the art how the several forms of the disclosure may be embodied in practice. In the drawings:

FIG. 1 is a graph illustrating the growth potential of MSC in medium containing 5 % Platelet lysate (PM) as compared to MSC grown in medium containing 15 % FCS (FCS).

FIGs. 2A-I are graphs illustrating the results of FACS analyses of plastic adherent MSC grown in 5 % platelet lysate for approximately 4 weeks. The cells were negative for Hematopoietic surface markers: (CD3, T cell receptor; CD14 monocyte/macrophages; CD19, B cell marker; CD34 hematopoietic progenitors; CD45 pan-leukocyte marker, and HLA-DR) and stained positive for mesenchymal surface markers CD73, CD105 and CD90.

FIGs. 3A-J are photomicrographs illustrating that human bone marrow derived MSC express and secrete neurotrophic factors. MSC and NTF-SC were stained with antibodies against neurotrophic factors including Brain Derived Neurotrophic Factor (BDNF) (A-B), Glial-Derived Neurotrophic factor (GDNF) (C-D) and Insulin-like growth factor 1 (IGF1) (E-F), and with antibodies against the astrocytic markers Glial fibrillary acidic protein (GFAP) (G-H) and Glutamine Synthetase (GS) (I-J). All secondary antibodies used were conjugated to Alexa-488 (green). Nuclei were visualized with DAPI (blue). Scale bar=50 μ m.

FIGs. 3K-L are bar graphs illustrating the amount of neurotrophic factors secreted by the NTF-SCs of the present

disclosure. Neurotrophic factor secretion was measured from human MSCs prior to and following induction of differentiation into NTF secreting cells, from 3 (BDNF) and 5 (GDNF) different donors analysed by ELISA assay. * $p < 0.05$ for the MSC vs the NTF secreting cells (Student's t test). For BDNF (Figure 3K): Donor 1: prior to differentiation = 2666 pg/10⁶ cells, following differentiation = 9527 pg/10⁶ cells; Donor 2: prior to differentiation = 520 pg/10⁶ cells, following differentiation = 6903 pg/10⁶ cells; Donor 3: prior to differentiation = 463 pg/10⁶ cells, following differentiation = 4919 pg/10⁶ cells.

FIG. 4 is a graph illustrating that human MSC and NTF-SC media attenuated 6-OHDA induced neuroblastoma cells death. In the range of 32-160 μ M, 6-OHDA treatment resulted in a survival rate of less than 35 % compared to untreated SH-SY5Y neuroblastoma cells. Media from both cell types of cells media attenuated the 6-OHDA induced cellular death in a statistically significant manner in comparison to neuroblastoma cells treated with 6-OHDA only ($p < 0.05$ for the range of 32-72 μ M). A treatment with 160 μ M of 6- OHDA resulted in a smaller but statistically significant increase in cellular viability by the NTF-SC media only and not by MSC media.

FIGs. 5A-B are graphs illustrating that striatal transplantation of human NTF-SC attenuate 6-OHDA-induced behavioral changes. (Figure 5A) In the amphetamine induced rotations test only NTF-SC (n=20) treatment was beneficial compared to control (n=10) at two time points (day 28 and day 42). No statistically significant difference was shown for the MSC treated group (n=20) as compared to the control group or the NTF-SC treated group. In contrast, for the NTF-SC groups, a marked decrease of 25 % and 45 % after 14 and 28 days post transplantation was noted (Figure 5B) 6-OHDA induced a hypoactive motor behavior pattern in an open field test at 7 days post treatment. NTF-SC treatment showed a positive effect in the voluntary mobility as compared to MSC- and PBS-treated groups (ANOVA, $p = 0.054$).

FIGs. 6A-E are illustrations and photographs illustrating the methodology of the stereological quantification of TH-positive striatal area in the lesioned rats. As depicted in Figure 6C, striatal coronal sections were made into 40 μ m sections, and every 8th section was stained for tyrosine-hydroxylase (TH). Each section was captured by a X40 magnification and divided into 2-3 images from each side in a symmetrical fashion (Figures 6B,D). Using ImagePro software, a histogram based cutoff was determined and a mask was created (Figures 6A,E). The final quantification was performed by calculating the total red area in the masked images.

FIGs. 7A-E are photographs and graphs illustrating that treatment with human NTF-SC salvaged TH-positive striatal terminals damaged by 6-OHDA. (Figures 7A-C) a macro-view of TH staining in striatum with a representative slice for each group of rats (A-PBS, B-MSC, C-NTF-SC). (Figure 7D) Digital quantification of the TH-positive area in the whole lesioned striatum as a percent of the untreated striatum, demonstrating the beneficial protective effect of NTF-SC treatment (n=4 from each group, | - $P < 0.05$ compared to PBS). (Figure 7E) quantification of TH positive area of the lesioned side compared to the untreated side - a segmental comparison. The whole striatum was divided into five segments from anterior to posterior (each group represent approximately 1mm thickness of the striatum, * - $p < 0.05$ compared to PBS).

FIGs. 8A-G are images obtained following tracking of human NTF-SC by in-vivo MRI and corresponding histology. (Figure 8A) T2* MRI scan conducted at 35 days post treatment of a control SPIOs-treated animal (without cells) demonstrating the SPIO injection site (blue circle) and the 6-OHDA injection site in the striatum (red circle). No other hypointense signals could be detected in the striatum. (Figure 8B) The migratory pathway as demonstrated by an axial T2* weighted image. A marked hypointense signal is visible from the cell transplantation site (blue circle) to the 6-OHDA lesion site (red arrow). A good correlation to the Prussian blue staining was found (Figure 8D) along the CC into the anterior striatum. The same trail (red arrow) can even be seen also in the T2 weighted image (Figure 8C) which is less sensitive to the inhomogeneity induced by the SPIOs. (Figure 8D) Prussian blue stain to detect SPIOs-labeled cells in an axial section (50 days after treatment in the animal that underwent MRI scan displayed in Figures 8B-C) demonstrating a migratory path from the cell transplantation site (white arrow), along the corpus callosum (CC, hollow black arrows) and into the anterior striatum (STR, LV-lateral ventricle, scale bar - 500 μ m). (Figures 8E-G) Immunostaining with anti-human nuclei antibody of the marked white boxes in Figure 8D in adjacent sections (scale bar 100 μ m).

FIG. 9 is a bar graph illustrating that induction of MSC into NTF-SC increases glutamate uptake. [³H]-D-aspartate uptake (50nM) was measured in hMSC and in NTF-SC. Uptake was performed in the presence of Na⁺ unless indicated otherwise. Na⁺ dependent uptake was calculated by subtracting the results obtained from the Na⁺ free tests from the results of the control group. Competitive inhibition with D-methyl-aspartate (50 nM) was performed in the presence of [³H]-D-aspartate at the same concentration as the other tests (50 nM). Inhibition with t-PDC, cells were preincubated with t-PDC for 15 minutes. NTF-SC perform glutamate uptake significantly better then MSC ($P < 0.0001$). Inhibitors significantly decrease the uptake of glutamate in NTF-SC as compared with NTF-SC control (competitive inhibition $P < 0.0005$, t-PDC $P < 0.0001$).

FIGs. 10A-C are graphs and photomicrographs illustrating the expression of GFAP in the differentiated cells of the present disclosure, as measured by real-time RT-PCR (Figure 10A) and immunocytochemistry (Figures 10B-C).

FIGs. 11A-C are photomicrographs comparing the expression of S100 in non-differentiated (Figure 11A) and dif-

ferentiated (Figures 11B-C) cells of the present disclosure.

DESCRIPTION OF THE PREFERRED ASPECTS

[0029] The present disclosure relates to cells and populations thereof which can be transplanted into a patient in order to treat a myriad of neurodegenerative diseases.

[0030] The principles and operation of the present disclosure may be better understood with reference to the drawings and accompanying descriptions.

[0031] Before explaining at least one aspect of the disclosure in detail, it is to be understood that the disclosure is not limited in its application to the details set forth in the following description or exemplified by the Examples. The disclosure is capable of other aspects or of being practiced or carried out in various ways. Also, it is to be understood that the phraseology and terminology employed herein is for the purpose of description and should not be regarded as limiting.

[0032] Neurotrophic factors (NTFs) are secreted proteins that regulate the survival, functional maintenance and phenotypic development of neuronal cells. Alterations in NTF levels are involved in triggering programmed cell-death in neurons and thus contribute to the pathogenesis of Parkinson's disease and other neurodegenerative diseases.

[0033] One of the most potent NTF for dopaminergic neurons is called glial cell line-derived neurotrophic factor (GDNF). It is known to promote the survival of the dopaminergic neurons in the substantia nigra, promote neurite outgrowth, increase cell body size and also raise levels of TH. Another potent NTF for dopaminergic neurons is brain derived neurotrophic factor (BDNF). This NTF has potent effects on survival and morphology of dopaminergic neurons and its loss has been postulated to contribute to the death of these cells in Parkinson's disease (PD).

[0034] However, direct use of neurotrophic is prohibited as they do not pass the blood-brain barrier and do not distribute properly following systemic injection. Therefore, other strategies must be developed in order to take advantage of their therapeutic properties.

[0035] Protocols for differentiating human mesenchymal stem cells into neurotrophic factor secreting cells are known in the art - see for example WO 2006/134602.

[0036] Whilst searching for a way to increase the amount of neurotrophic factors secreted by mesenchymal stem cells, the present inventors have found that propagation of mesenchymal stem cells in platelet lysate prior to differentiation increased secretion of neurotrophic factors therefrom.

[0037] The present inventors have shown that MSCs differentiated following incubation in platelet lysate represent an astrocyte like shape accompanied by the presence of astrocyte markers. These cells were shown to express and secrete significant levels of GDNF and BDNF. Indeed, using immunocytochemistry procedures, the present inventors have shown that approximately 90 % of the cells generated express GDNF, BDNF, S100, GFAP and glutamine synthetase (Figures 3A-J, 10A-C and 11A-C).

[0038] Following transplantation into the striatum of 6-OHDA lesioned rat (a rodent model for Parkinson's) the cells survived for three months (as measured by MRI) and improved behavioral deficits examined by an open field test, and apomorphine induced rotational behavior. In addition, the cells were shown to reduce dopamine depletion and cause reinnervation of dopaminergic terminals. It was found that the efficacy of NTF-SC was superior to that of MSC in terms of behavioral, biochemical and histological indices. In addition, the present inventors demonstrated that the surviving cells migrated towards the lesion, and had the most significant effect at the end of the migration trail. Further, the present inventors showed that MSCs differentiated according to the protocols of aspects of the present disclosure are capable of taking up glutamate.

[0039] Since the novel technology presented herein is clinically compatible and safe, the present inventors propose that the transplantation of NTF-SC derived from autologous human MSC should become an important option in treatment of neurodegenerative disorders.

[0040] Thus, according to one aspect of the present disclosure there is provided a method of generating cells useful for treating a neurodegenerative disorder, the method comprising:

(a) incubating mesenchymal stem cells in a culture medium comprising platelet lysate to generate propagated mesenchymal stem cells; and

(b) incubating the propagated mesenchymal stem cells in a differentiating medium, thereby generating cells useful for treating the neurodegenerative disorder.

[0041] The term "mesenchymal stem cell" or "MSC" is used interchangeably for adult cells which are not terminally differentiated, which can divide to yield cells that are either stem cells, or which, irreversibly differentiate to give rise to cells of a mesenchymal cell lineage. The mesenchymal stem cells of the present disclosure may be of a syngeneic or allogeneic source, although the first is preferred.

[0042] According to a preferred aspect of this aspect of the present disclosure the mesenchymal stem cells are not genetically manipulated (i.e. transformed with an expression construct) to generate the cells and cell populations de-

scribed herein.

[0043] It will be appreciated that the cells of the present disclosure may be derived from any stem cell, although preferably not ES cells.

[0044] Mesenchymal stem cells may be isolated from various tissues including but not limited to bone marrow, peripheral blood, blood, placenta and adipose tissue. A method of isolating mesenchymal stem cells from peripheral blood is described by Kassis et al [Bone Marrow Transplant. 2006 May;37(10):967-76]. A method of isolating mesenchymal stem cells from placental tissue is described by Zhang et al [Chinese Medical Journal, 2004, 117 (6):882-887]. Methods of isolating and culturing adipose tissue, placental and cord blood mesenchymal stem cells are described by Kern et al [Stem Cells, 2006;24:1294-1301].

[0045] According to a preferred aspect of this aspect of the present disclosure, the mesenchymal stem cells are human.

[0046] Bone marrow can be isolated from the iliac crest of an individual by aspiration. Low-density BM mononuclear cells (BMMNC) may be separated by a FICOL-PAGUE density gradient. In order to obtain mesenchymal stem cells, a cell population comprising the mesenchymal stem cells (e.g. BMMNC) may be cultured in a proliferating medium capable of maintaining and/or expanding the cells in the presence of platelet lysate. According to one aspect the populations are plated on polystyrene plastic surfaces (e.g. in a flask) and mesenchymal stem cells are isolated by removing non-adherent cells. Alternatively mesenchymal stem cell may be isolated by FACS using mesenchymal stem cell markers.

[0047] Following isolation the cells are typically expanded by culturing in a proliferation medium capable of maintaining and/or expanding the isolated cells *ex vivo* in the presence of platelet lysate. The proliferation medium may be DMEM, alpha-MEM or DMEM/F12.

[0048] It will be appreciated that preferably when the mesenchymal stem cells are human, the platelet lysate is also obtained from human cells.

[0049] According to one aspect, the medium is devoid of xeno contaminants i.e. free of animal derived components.

[0050] An exemplary mesenchymal stem cell isolation and propagation protocol is presented herein below.

Isolation of human BM-MS

[0051] Bone marrow samples (3-30 ml) were collected into EDTA containing tubes from the posterior iliac crest of adult human donors undergoing bone marrow aspiration in the course of diagnostic procedures. Bone marrow aspirates were diluted 1:1 with HBSS and mononuclear cells were separated by density centrifugation (1000xG for 20min), over UNI-SEP MAXI (Polysucrose - Sodium Metrizoate) containing tubes. The mononuclear cell fraction was collected and washed in HBSS. Cells were re-suspended in Growth Medium containing 10 % Platelet lysate (PM1), counted by the Trypan blue exclusion dye and seeded at a concentration of 250,000-350,000 cells/cm² in 75cm² tissue culture flasks. Flasks were incubated in a 37°C humidified incubator with 5% CO₂.

[0052] PM1 growth medium consisted of Dulbecco's Modified Eagle's Medium low glucose (Sigma, Aldrich), supplemented with 0.05mg/ml Gentamycin (Sigma, Aldrich), 2 IU/ml Heparin (TRIMA), 0.001 % 2-mercaptoethanol (Sigma, Aldrich), 1% non-essential amino acid solution (Sigma, Aldrich) and 10 % platelet lysate. 24 hrs later PM1 medium was aspirated to remove non-adherent cells from the flask, adherent cells were washed gently with 10 ml of DMEM, and 10 ml of fresh PM1 were added to the flask. hMSC cells were allowed to proliferate for 12-18 days in PM1 medium, which was replaced twice weekly. After 12-18 days or when the flask reached confluence. The cells were harvested by removing all growth medium and incubating in TrypLE™ solution (Invitrogen) for 5 min in a 37°C incubator. Cells are then washed in DMEM, counted, resuspended in PM medium and seeded in CellStacks at a density of 500-3000 cells/cm².

[0053] PM growth medium consists of Dulbecco's modified eagle's medium low glucose supplemented with 0.05mg/ml Gentamycin, 2 IU /ml Heparin and 5% platelet lysate. MSC cultures were passaged approximately every two weeks by detachment of the sub-confluent cell layer with TrypLE™ solution (Invitrogen). Experiments with the cells were performed after 2-7 passages. Accordingly, the cells were passaged for a minimum of two weeks in platelet lysate containing medium.

[0054] Platelet lysate may be prepared using any method known in the art. An exemplary freeze-thaw protocol is provided herein below.

Preparation of Platelet Lysate

[0055] Platelet Rich Plasma (PRP) may be from Blood Bank donations determined free of infectious agents (i.e. HIV, HTLV, HCV, HBsAg). PRP containing bags were stored at -80 °C and thawed in a 37 °C water bath. After thawing, the Platelet Rich Plasma of multiple donors was pooled, mixed and centrifuged at 14000 x G for 10 minutes to remove platelet particles and membranes. The Platelet lysate supernatant was then collected and frozen at -80 °C until use. The Platelet lysate was tested for Endotoxin, Haemoglobin, pH, Total protein, Albumin, Osmolality Sterility and Mycoplasma.

[0056] Verification that the isolated (and optionally propagated) cell population comprises mesenchymal stem cells may be effected by identification of phenotypic and functional criteria. The phenotypic criteria include the expression of

specific surface antigens: CD73, CD90 and CD105 (≥ 95 % positive) and the absence (< 2 %) of (T-cells), CD14 (Monocyte surface marker), CD19 (B cells), CD34 (Hematopoietic stem cells), CD45 (Hematopoietic cells), and HLA-DR (Human Class II Histocompatibility antigen). The surface expression of these cells may be analyzed using methods known in the art - for example by Flow Cytometry.

[0057] Exemplary antibodies that may be used to verify the presence of mesenchymal stem cells include CD73 PE conjugated (BD Pharmingen), CD90 PE-Cy5 conjugated (eBioscience) CD105 PE conjugated (Beckman Coulter) CD14 FITC conjugated (eBioscience) CD19 PE-Cy5 conjugated (eBioscience) CD34 FITC conjugated (Beckman Coulter), CD45 PE conjugated (eBioscience) and HLA-DR PE-Cy5 conjugated (BD Pharmingen).

[0058] Another method for verifying the presence of mesenchymal stem cells is by showing that the cells are capable of differentiating into multi-lineages such as for example adipocytes, osteocytes and chondrocytes. This may be effected for example using Human Mesenchymal Stem Cell Functional Identification Kit (R&D Systems).

[0059] As mentioned, following propagation of mesenchymal stem cells in a platelet lysate containing medium, the cells may be differentiated in a differentiating medium to generating cells useful for treating a neurodegenerative disorder.

[0060] It will be appreciated that the components of the differentiating medium are selected according to the cell phenotype required.

[0061] Thus according to one aspect, the phenotype may be astrocyte-like cells.

[0062] As used herein the phrase "astrocyte-like cells" refers to cells comprising at least one astrocytic phenotype which allows same to in vivo mediate an astrocytic activity, i.e., support of neurons.

[0063] Such phenotypes are further described hereinbelow.

[0064] Differentiation to astrocyte-like cells can be effected by incubating the MSCs in differentiating media such as those described in U.S. Pat. No. 6,528,245 and by Sanchez-Ramos *et al.* (2000); Woodbury *et al.* (2000); Woodbury *et al.* (J. Neurosci. Res. 96:908-917, 2001); Black and Woodbury (Blood Cells Mol. Dis. 27:632-635, 2001); Deng *et al.* (2001), Kohyama *et al.* (2001), Reyes and Verfaillie (Ann. N. Y. Acad. Sci. 938:231-235, 2001) and Jiang *et al.* (Nature 418:47-49, 2002).

[0065] WO2006/134602 teaches differentiation protocols for the generation of neurotrophic factor secreting cells.

[0066] According to one aspect in order to generate astrocyte like cells, MSCs are initially incubated in a medium comprising epidermal growth factor hEGF (e.g. 20 ng/ml) and/or basic fibroblast growth factor (e.g. 20 ng/ml) in the presence or absence of N2 supplement (insulin, progesterone, putrescine, selenium and transferrin). Following this the BMSCs may be differentiated in a second medium comprising platelet derived growth factor (e.g. 5 ng/ml) and human neuregulin 1- β 1 (e.g. 50 ng/ml). This "differentiating medium" may also include differentiating agents such as IL-1 β and/or dbcAMP.

[0067] According to one aspect, the MSCs are incubated in each differentiating medium for at least 24 hours. It will be appreciated that longer culturing times are contemplated, such as two days, three days, four days or more.

[0068] According to another aspect, the components of the differentiating medium are selected so as to generate cells comprising an oligodendrocyte phenotype.

The differentiating media may be DMEM or DMEM/F12, or any other medium that supports neuronal growth. According to a preferred aspect of this aspect of the present disclosure, the medium is Neurobasal medium (e.g. Cat. No. 21103049, Invitrogen, Ca, U.S.A.).

[0069] Table 1 herein below, summarizes various differentiation protocols for the generation of oligodendrocytes.

Table 1

Stage	Medium ^a	Days
Control		
	Regular growth medium: α -MEM FCS 15% L-glutamine 2mM Penicillin 100U/ml Streptomycin 100ug/ml Nystatin 12.5U/ml	13
Protocol A		
Differentiating Medium (A)	Neurobasal medium	13

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(continued)

Protocol A		
	N2 supplement B27 supplement bFGF 10 ng/ml GGF 50 ng/ml db-cAMP 1nM	
Protocol B		
Additional Medium (B)	Neurobasal medium PDGF 20 ng/ml NT-3 10 ng/ml Il-1 β 20 ng/ml	5
Differentiating Medium (B)	Neurobasal medium N2 supplement NT-3 10 ng/ml Il-1 β 20 ng/ml	8
Protocol C		
Additional Medium (C)	Neurobasal medium TH 30 ng/ml (stock 20 ug/ml) RA 1 μ M GGF 50 ng/ml	5
Differentiating Medium (C)	Neurobasal medium TH 30 ng/ml (stock 20 ug/ml) RA 1 μ M NT-3 10 ng/ml	8
Protocol D		
Additional Medium (D)	Neurobasal medium PDGF 20ng/ml GGF 50ng/ml	5
Differentiating Medium (D)	Neurobasal medium Shh 300ng/ml NT-3 10ng/ml db-cAMP 1nM Forskolin 5 μ M	8

[0070] WO2007/066338 teaches differentiation protocols for the generation of oligodendrocyte-like cells.

[0071] According to another aspect, the components of the differentiating medium are selected so as to generate cells that secrete dopamine.

[0072] An exemplary method for differentiating mesenchymal stem cells into neurotransmitter (e.g. dopamine) secreting cells is detailed in Table 2, herein below.

Table 2

Stage 1: Additional differentiation medium (24-72 hr)	DMEM/F12 (without HEPES); 2mM L-glutamine; SPN; 10ng/ml human basic fibroblast growth factor (bFGF); 10 ng/ml EGF; *N2 supplement; 40 μ M arachidonic acid; 10-40 μ M docosahexaenoic acid (DHA); 40 μ M Vit-E; 10 ng/ml fibroblast growth factor 8 (FGF8); 200 ng/ml sonic hedgehog (Shh)
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(continued)

5 Stage 2: Dopaminergic differentiation medium (12-96 hr)	DMEM/F12; 2mM L-glutamine; SPN; *N2 supplement; 200µM ascorbic acid; 1 mM dibutylryl cyclic AMP; 0.5 mM isobutylmethlxanthine; 1 µM retinoic acid; 200 µM butylated hydroxyanisole (BHA); human transforming growth factor β3 (TGF- β3), 2 ng/ml; human galia-derived neurotrophic factor: (GDNF), 2 ng/ml; human neurturin: (hNTN), 20 ng/ml; human brain-derived neurotrophic factor: (BDNF), (10 ng/ml; human neurotrophin: (hNT-3), 20 ng/ml; human interleukin-1β (hIL-1β), 100 pg/ml;
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10 **[0073]** WO2004/046348 teaches differentiation protocols for the generation of neuronal-like cells.

[0074] It will be appreciated that any of the differentiating media may comprise other agents such as neurotrophic factors (e.g. BDNF, CNTF, GDNF, NTN, NT3 or LIF), hormones, growth factors (e.g. GGF2, TGF-β3, TGF-α, FGF-8 and bFGF), vitamins, hormones e.g., insulin, progesterone and other factors such as sonic hedgehog, bone morphogenetic proteins, forskolin, retinoic acid, ascorbic acid, putrescin, selenium and transferrin.

15 **[0075]** As mentioned, the present inventors showed that propagation of mesenchymal stem cells in platelet lysate prior to incubation with a differentiating agent which steers the mesenchymal stem cell towards an astrocytic phenotype (e.g. platelet derived growth factor (PDGF), human neuregulin 1-β1, FGF2, EGF, N2, IBMX and cAMP), generated cells capable of secreting large amounts of neurotrophic factors.

20 **[0076]** Thus, according to another aspect of the present disclosure, there is provided an isolated human cell comprising at least one mesenchymal stem cell phenotype and secreting brain-derived neurotrophic factor (BDNF), wherein a basal secretion of the BDNF is at least five times greater than a basal secretion of the BDNF in a mesenchymal stem cell.

[0077] The term "isolated" as used herein refers to a cell that has been removed from its *in-vivo* location (e.g. bone marrow, neural tissue). Preferably the isolated cell is substantially free from other substances (e.g., other cell types) that are present in its *in-vivo* location.

25 **[0078]** The mesenchymal stem cell phenotypes which are comprised in the cells of the present disclosure are typically structural. For example, the cells of the present disclosure may show a morphology similar to that of mesenchymal stem cells (a spindle-like morphology). Alternatively or additionally the cells of the present disclosure may express a marker (e.g. surface marker) typical to mesenchymal stem cells but atypical to native astrocytic cells. Examples of mesenchymal stem cell surface markers include but are not limited to CD105+, CD29+, CD44+, CD90+, CD34-, CD45-, CD19-, CD5-, CD20-, CD11B- and FMC7-. Other mesenchymal stem cell markers include but are not limited to tyrosine hydroxylase, nestin and H-NF.

[0079] As mentioned, the basal secretion of BDNF from cells according to this aspect of the present disclosure is at least five times greater than a basal secretion of the BDNF in a non-differentiated mesenchymal stem cell.

35 **[0080]** It will be appreciated that the basal secretion of BDNF may be even higher, such as at least six times greater, at least seven times greater, at least eight times greater, at least nine times greater or even at least ten times greater.

[0081] According to one aspect, at least 50 %, at least 60 %, at least 70 %, at least 80 %, at least 90 % or more of a population of the differentiated cells of the present disclosure express BDNF.

[0082] As used herein the term "basal secretion" refers to a secretion which does not involve addition of stimulants. The non-differentiated mesenchymal stem cell is typically obtained from the same source as the differentiated mesenchymal stem cell and is identical thereto apart from having been differentiated according to the protocols described herein. Thus typically, the non-differentiated mesenchymal stem cell is in an identical medium to the differentiated mesenchymal stem cells but without the addition of differentiating agents.

40 **[0083]** According to one aspect the cells of the present disclosure are capable of taking up glutamate from their surrounding milieu (e.g. culture medium). For example, the cells of the present disclosure may be capable of taking up at least 10 times, at least 20 times, at least 30 times, at least 40 times or even at least 50 times more glutamate from their surroundings than a non-differentiated mesenchymal stem cell.

[0084] The cells of the present disclosure may also comprise an astrocytic phenotype.

45 **[0085]** As used herein, the phrase "astrocytic phenotype" refers to a structural and/or functional parameter typical (e.g. unique) to an astrocyte which may be used to distinguish between the differentiated MSCs of the present disclosure and non-differentiated MSCs. The astrocytic phenotype may comprise a single or a number of features which may be used to distinguish between the differentiated MSCs of the present disclosure and non-differentiated MSCs.

[0086] It will be appreciated that the functional parameters may overlap with the structural parameter e.g., presence of secretory vesicles.

50 **[0087]** According to one aspect the functional astrocytic phenotype comprises the ability to express an additional neurotrophic factor.

55 **[0088]** As used herein the term "express" refers to the synthesis and/or secretion of the above-mentioned neurotrophic factor.

[0089] As used herein, the phrase "neurotrophic factor" refers to a cell factor that acts on the cerebral nervous system comprising growth, differentiation, functional maintenance and/or survival effects on neurons. Examples of neurotrophic factors include, but are not limited to, glial derived neurotrophic factor (GDNF), GenBank accession nos. L19063, L15306; brain-derived neurotrophic factor (BDNF), GenBank accession no. CAA62632; neurotrophin-3 (NT-3), GenBank Accession No. M37763; neurotrophin-4/5; Neurturin (NTN), GenBank Accession No. NP_004549; Neurotrophin-4, GenBank Accession No. M86528; Persephin, GenBank accession no. AAC39640; brain derived neurotrophic factor, (BDNF), GenBank accession no. CAA42761; artemin (ART), GenBank accession no. AAD13110; ciliary neurotrophic factor (CNTF), GenBank accession no. NP_000605; insulin growth factor-I (IGF-1), GenBank accession no. NP_000609; and Neublastin GenBank accession no. AAD21075.

[0090] According to one aspect, at least 50 %, at least 60 %, at least 70 %, at least 80 %, at least 90 % or more of a population of the differentiated cells of the present disclosure express GDNF.

[0091] Typically the cells of the present disclosure do not secrete nerve growth factor (NGF), GenBank accession no. CAA37703.

[0092] Examples of structural astrocytic phenotypes include a cell size, a cell shape, an organelle size and an organelle number. Thus, astrocytic structural phenotypes include a round nucleus, a "star shaped" body and many long processes that end as vascular foot plates on the small blood vessels of the CNS. Further examples of structural astrocytic phenotypes may be found in the following materials: Reynolds and Weiss, Science (1992) 255:1707-1710; Reynolds, Tetzlaff, and Weiss, J. Neurosci (1992) 12:4565-4574; and Kandel, et al., Principles of Neuroscience, third ed. (1991), Appleton & Lange, Norwalk, Conn. These structural phenotypes may be analyzed using microscopic techniques (e.g. scanning electro microscopy). Antibodies or dyes may be used to highlight distinguishing features in order to aid in the analysis.

[0093] A structural astrocytic phenotype may also comprise expression of an astrocyte marker.

[0094] As used herein the phrase "astrocyte marker" refers to a polypeptide which is either selectively or non-selectively expressed in an astrocyte. The astrocyte marker may be expressed on the cell surface or internally. Examples of astrocyte markers include S100 beta, glial fibrillary acidic protein (GFAP), glutamine synthetase (GS), GLAST and GLT1.

[0095] According to one aspect, at least 50 %, at least 60 %, at least 70 %, at least 80 %, at least 90 % or more of a population of the differentiated cells of the present disclosure express at least one or more astrocyte markers including, but not limited to S100 beta, GFAP and GS.

[0096] It will be appreciated that cell populations obtained according to the methods describe herein are typically non-homogeneous.

[0097] Thus according to another aspect of the present disclosure there is provided an isolated cell population comprising human cells wherein:

(i) at least N % of the human cells secreting brain-derived neurotrophic factor (BDNF), wherein a basal secretion of the BDNF is at least five times greater than a basal secretion of the BDNF in a mesenchymal stem cell;

(ii) at least M % of the human cells comprise at least one mesenchymal stem cell phenotype; and

(iii) at least one of the human cells secretes the BDNF and the at least one mesenchymal stem cell phenotype;

where M and N are each independently selected between 1 and 99.

[0098] M % may be any percent from 1% to 99% e.g. 1 %, 2 %, 3 %, 4 %, 5 %, 6 %, 7 %, 8 %, 9 %, 10 %, 11 %, 12 %, 13 %, 14 %, 15 %, 16 %, 17 %, 18 %, 19 %, 20 %, 21 %, 22 %, 23 %, 24 %, 25 %, 26 %, 27 %, 28 %, 29 %, 30 %, 31 %, 32 %, 33 %, 34 %, 35 %, 36 %, 37 %, 38 %, 39 %, 40 %, 41 %, 42 %, 43 %, 44 %, 45 %, 46 %, 47 %, 48 %, 49 %, 50 %, 51 %, 52 %, 53 %, 54 %, 55 %, 56 %, 57 %, 58 %, 59 %, 60 %, 61 %, 62 %, 63 %, 64 %, 65 %, 66 %, 67 %, 68 %, 69 %, 70 %, 71 %, 72 %, 73 %, 74 %, 75 %, 76 %, 77 %, 78 %, 79 %, 80 %, 81 %, 82 %, 83 %, 84 %, 85 %, 86 %, 87 %, 88 %, 89 %, 90 %, 91 %, 92 %, 93 %, 94 %, 95 %, 96 %, 97 %, 98 % and 99%.

[0099] N % may be any percent from 1% to 99% e.g. 1 %, 2 %, 3 %, 4 %, 5 %, 6 %, 7 %, 8 %, 9 %, 10 %, 11 %, 12 %, 13 %, 14 %, 15 %, 16 %, 17 %, 18 %, 19 %, 20 %, 21 %, 22 %, 23 %, 24 %, 25 %, 26 %, 27 %, 28 %, 29 %, 30 %, 31 %, 32 %, 33 %, 34 %, 35 %, 36 %, 37 %, 38 %, 39 %, 40 %, 41 %, 42 %, 43 %, 44 %, 45 %, 46 %, 47 %, 48 %, 49 %, 50 %, 51 %, 52 %, 53 %, 54 %, 55 %, 56 %, 57 %, 58 %, 59 %, 60 %, 61 %, 62 %, 63 %, 64 %, 65 %, 66 %, 67 %, 68 %, 69 %, 70 %, 71 %, 72 %, 73 %, 74 %, 75 %, 76 %, 77 %, 78 %, 79 %, 80 %, 81 %, 82 %, 83 %, 84 %, 85 %, 86 %, 87 %, 88 %, 89 %, 90 %, 91 %, 92 %, 93 %, 94 %, 95 %, 96 %, 97 %, 98 % and 99%.

[0100] The percentage of cells which secrete BDNF may be raised or lowered according to the intended needs. This may be effected by FACS using an antibody specific for an astrocyte cell marker. Examples of such astrocytic markers are described hereinabove. If the cell marker is an internal marker, preferably the FACS analysis comprises antibodies or fragments thereof which may easily penetrate a cell and may easily be washed out of the cell following detection. The FACS process may be repeated a number of times using the same or different markers depending on the degree of enrichment and the cell phenotype required as the end product.

[0101] According to another aspect of this aspect of the present disclosure the cell populations may be enriched for cells comprising both an astrocytic phenotype and a mesenchymal stem cell phenotype such that a homogeneous

population of cells are generated.

[0102] Once differentiated and optionally isolated, the cells may be tested (in culture) for their ability to secrete a BDNF. An exemplary method for analyzing secretion of BDNF (and other neurotrophic factors (NTFs) is described herein below.

ELISA for secreted NTFs

[0103] For analysis of secreted NTFs, supernatant is collected from cultures of MSCs or of NTF-secreting cells at the end of the differentiation procedure described above, and cells are harvested and counted. The amount of NTFs such as Glial Derived Neurotrophic Factor, (GDNF) or Brain Derived Neurotrophic Factor (BDNF) in the cell's culture supernatants was quantified by using a GDNF or BDNF ELISA assay (GDNF DuoSet DY212; BDNF DuoSet DY248; R&D Systems) according to the manufacture's protocol.

[0104] As mentioned according to the phenotype, the cells and cell populations of the present disclosure may be used to treat a particular disease or disorder. The cell populations may be used directly following differentiation or may be enriched for a particular phenotype as described hereinabove. As summarized in Table 3 hereinbelow, certain neurotrophic factors or set of neurotrophic factors have been shown to be particularly beneficial for treating a particular disease. For example, cells of the present disclosure which secrete BDNF and GDNF would be particularly suitable for treating Parkinson's.

Table 3

Disease	Astrocytic phenotype	REF
Parkinsons	BDNF, FGF, GDNF	WalkerDG, et al. Brain Res 1998; 794: 181-7. Lorigados L, et al. Rev Neurol 1998; 26: 744-8. Mogi M, et al. Neurosci Lett 1994; 180: 147-50. Howells DW, et al. Exp Neurol 2000; 166: 127-35. Beck KD, et al. Nature 1995; 373: 339-41. Tomic A, et al. Nature 1995; 373: 335-9. Gash DM, et al. Nature 1996; 380: 252-5. Choi-Lundberg DL, Science 1997; 275: 838-41. Bozzi Y, Borrelli E. Eur J Neurosci 1999; 11: 1275-84. Chauhan NB, et al Soc Neurosci Abstr 1998; 24: 1465. Chauhan NB, et al, Neurology 1999; 52:A212-213.
Epilepsy	BDNF, NT-3, glutamate transporter	G.W. Mathern, Mol. Chem. Neuropathol. 30 1-2 (1997), pp. 53-76. Lucia Tapia-Arancibia et al. Frontiers in Neuroendocrinology 2004 Jul; 25(2):77-107. RYUTA KOYAMA and YUJI IKEGAYA;NEUROSCIENCE UPDATE 2005 Aug; 11(4):282-7. Gerald Seifert, et al., Nature Reviews Neuroscience 7, 194-206 (March 2006).
ALS	NT3, IGF1, BDNF, glutamate transporter	Luis H. Et al., Brain Research Reviews 2004 Dec;47(1-3):263-74. Bradley WG. Ann Neurol 1995; 38: 971. Haase G, et al. Nat Med 1997; 3:429-36. Arakawa Y, J Neurosci 1990; 10: 3507-15.
Drug and alcohol addiction	GDNF	Ron D, Janak PH. Rev Neurosci 2005;16(4):277-85.
Brain injury	Ability of cells to respond to IL-1	Nancy Rothwell; Brain, Behavior, and Immunity. 2003 Jun;17(3): 152-7.

(continued)

<i>Disease</i>	<i>Astrocytic phenotype</i>	<i>REF</i>
Alzheimers	BDNF	Crutcher KA, et al. J Neurosci 1993; 6: 2540-50. Scott SA, et al. Nerve growth factor in Alzheimer's disease: increased levels throughout the brain coupled with declines in nucleus basalis. J Neurosci 1995; 15: 6213-21. Peng S, et al. J Neuropathol Exp Neurol 2004; 63: 641-9. Murer MG, et al. Neuroscience 1999; 88: 1015-32.
Huntingdon's	BDNF, NT-3, or NT-4/5	Martinez-Serrano A, Bjorklund A. Trends Neurosci 1997; 20: 530-8. Perez-Navarro E, et al. J Neurochem 2000; 75: 2190-9. Perez-Navarro E, et al. Neuroscience 1999; 91: 1257-64.
Schizophrenia	NT-3, BDNF	Gal Shoval, Abraham Weizmana; Eur Neuropsychopharmacol. 2005 May;15(3):319-29. Levi-Montalcini, R., 1987. Biosci. Rep. 7, 681-699. Hattori, M., Nanko, S., 1995. Biochem. Biophys. Res. Commun. 209, 513-518. Virgos, C., 2001, Schizophr. Res. 49, 65-71.
Optic nerve	CNTF	Paul A. Sieving, et al., Proc Natl Acad Sci U S A. 2006 Mar 7;103(10):3896-901.
Stroke	FGF, BDNF	Wu D; Neuro Rx. 2005 Jan;2(1):120-8.

[0105] It has been proposed that astrocyte cells may reduce the oxidative stress in neurons by metabolizing dopamine, as they express monoamine oxidase-B and catechol-O-methyl-transferase. Additionally, it has been proposed that astrocyte cells may be capable of preventing NO generated neurotoxicity by a glutathione dependent mechanism (Chen et al. 2004, Curr Drug Targets. 2005 Nov;6(7):821-33). Accordingly, cells of the present disclosure which comprise a scavenging function and/or express dopamine metabolizing enzymes may also be suitable for treating Parkinson's.

[0106] Owing to insufficient clearance or decrease of the glutamate transporters glutamate excitotoxicity has been suggested as a causative factor for ALS [Bendotti 2001, et al, J Neurochem, 79(4):737-746, 2001]. Thus cells of the present disclosure which show an elevated glutamate transporter activity may also be suitable for treating ALS.

[0107] It will be appreciated that cells capable of secreting neurotransmitter such as dopamine would be particularly suitable for treating Parkinson's disease.

[0108] Further, cells comprising an oligodendrocyte phenotype would be particularly suitable for diseases and conditions of the nervous system that result from the deterioration of, or damage to, the myelin sheathing generated by myelin producing cells are numerous. Myelin may be lost as a primary event due to direct damage to the myelin or as a secondary event as a result of damage to axons and neurons. Primary events include neurodegenerative diseases such as multiple sclerosis (MS), human immunodeficiency MS-associated myelopathy, transverse myelopathy/myelitis, progressive multifocal leukoencephalopathy, central pontine myelinolysis and lesions to the myelin sheathing (as described below for secondary events). Secondary events include a great variety of lesions to the axons or neurons caused by physical injury in the brain or spinal cord, ischemia diseases, malignant diseases, infectious diseases (such as HIV, Lyme disease, tuberculosis, syphilis, or herpes), degenerative diseases (such as Parkinson's, Alzheimer's, Huntington's, ALS, optic neuritis, postinfectious encephalomyelitis, adrenoleukodystrophy and adrenomyeloneuropathy), schizophrenia, nutritional diseases/disorders (such as folic acid and Vitamin B12 deficiency, Wernicke disease), systemic diseases (such as diabetes, systemic lupus erythematosus, carcinoma), and toxic substances (such as alcohol, lead, ethidium bromide); and iatrogenic processes such as drug interactions, radiation treatment or neurosurgery.

[0109] Thus, according to another aspect of the present disclosure there is provided a method of treating a CNS disease or disorder.

[0110] As used herein, the phrase "CNS disease" refers to any disorder, disease or condition of the central nervous system which may be treated with the cells of the present disclosure.

[0111] Accordingly, these cells can be used for preparing a medicament (interchangeably referred to as pharmaceutical composition), whereby such a medicament is formulated for treating a CNS disease or disorder.

[0112] Representative examples of CNS diseases or disorders that can be beneficially treated with the cells described herein include, but are not limited to, a pain disorder, a motion disorder, a dissociative disorder, a mood disorder, an affective disorder, a neurodegenerative disease or disorder and a convulsive disorder.

[0113] More specific examples of such conditions include, but are not limited to, Parkinson's, ALS, Multiple Sclerosis, Huntingdon's disease, autoimmune encephalomyelitis, diabetic neuropathy, glaucomatous neuropathy, macular degeneration, action tremors and tardive dyskinesia, panic, anxiety, depression, alcoholism, insomnia, manic behavior, Alzheimer's and epilepsy.

[0114] In any of the methods described herein the cells may be obtained from any autologous or non-autologous (i.e., allogeneic or xenogeneic) human donor. For example, cells may be isolated from a human cadaver or a donor subject.

[0115] The cells of the present disclosure can be administered to the treated individual using a variety of transplantation approaches, the nature of which depends on the site of implantation.

[0116] The term or phrase "transplantation", "cell replacement" or "grafting" are used interchangeably herein and refer to the introduction of the cells of the present disclosure to target tissue. The cells can be derived from the recipient or from an allogeneic or xenogeneic donor.

[0117] The cells can be grafted into the central nervous system or into the ventricular cavities or subdurally onto the surface of a host brain. Conditions for successful transplantation include: (i) viability of the implant; (ii) retention of the graft at the site of transplantation; and (iii) minimum amount of pathological reaction at the site of transplantation. Methods for transplanting various nerve tissues, for example embryonic brain tissue, into host brains have been described in: "Neural grafting in the mammalian CNS", Bjorklund and Stenevi, eds. (1985); Freed et al., 2001; Olanow et al., 2003). These procedures include intraparenchymal transplantation, i.e. within the host brain (as compared to outside the brain or extraparenchymal transplantation) achieved by injection or deposition of tissue within the host brain so as to be opposed to the brain parenchyma at the time of transplantation.

[0118] Intraparenchymal transplantation can be effected using two approaches: (i) injection of cells into the host brain parenchyma or (ii) preparing a cavity by surgical means to expose the host brain parenchyma and then depositing the graft into the cavity. Both methods provide parenchymal deposition between the graft and host brain tissue at the time of grafting, and both facilitate anatomical integration between the graft and host brain tissue. This is of importance if it is required that the graft becomes an integral part of the host brain and survives for the life of the host.

[0119] Alternatively, the graft may be placed in a ventricle, e.g. a cerebral ventricle or subdurally, i.e. on the surface of the host brain where it is separated from the host brain parenchyma by the intervening pia mater or arachnoid and pia mater. Grafting to the ventricle may be accomplished by injection of the donor cells or by growing the cells in a substrate such as 3% collagen to form a plug of solid tissue which may then be implanted into the ventricle to prevent dislocation of the graft. For subdural grafting, the cells may be injected around the surface of the brain after making a slit in the dura. Injections into selected regions of the host brain may be made by drilling a hole and piercing the dura to permit the needle of a microsyringe to be inserted. The microsyringe is preferably mounted in a stereotaxic frame and three dimensional stereotaxic coordinates are selected for placing the needle into the desired location of the brain or spinal cord. The cells may also be introduced into the putamen, nucleus basalis, hippocampus cortex, striatum, substantia nigra or caudate regions of the brain, as well as the spinal cord.

[0120] The cells may also be transplanted to a healthy region of the tissue. In some cases the exact location of the damaged tissue area may be unknown and the cells may be inadvertently transplanted to a healthy region. In other cases, it may be preferable to administer the cells to a healthy region, thereby avoiding any further damage to that region. Whatever the case, following transplantation, the cells preferably migrate to the damaged area.

[0121] For transplanting, the cell suspension is drawn up into the syringe and administered to anesthetized transplantation recipients. Multiple injections may be made using this procedure.

[0122] The cellular suspension procedure thus permits grafting of the cells to any predetermined site in the brain or spinal cord, is relatively non-traumatic, allows multiple grafting simultaneously in several different sites or the same site using the same cell suspension, and permits mixtures of cells from different anatomical regions. Multiple grafts may consist of a mixture of cell types, and/or a mixture of transgenes inserted into the cells. Preferably from approximately 10^4 to approximately 10^8 cells are introduced per graft.

[0123] For transplantation into cavities, which may be preferred for spinal cord grafting, tissue is removed from regions close to the external surface of the central nerve system (CNS) to form a transplantation cavity, for example as described by Stenevi et al. (Brain Res. 114:1-20., 1976), by removing bone overlying the brain and stopping bleeding with a material such a gelfoam. Suction may be used to create the cavity. The graft is then placed in the cavity. More than one transplant may be placed in the same cavity using injection of cells or solid tissue implants. Preferably, the site of implantation is dictated by the CNS disorder being treated and the astrocytic phenotype comprised in the cell (e.g. particular neurotrophic factor being secreted) by the cells of the present disclosure. For example, cells secreting GDNF are preferably implanted in the substantia nigra of a Parkinson's patient.

[0124] Since non-autologous cells are likely to induce an immune reaction when administered to the body several approaches have been developed to reduce the likelihood of rejection of non-autologous cells. These include either suppressing the recipient immune system or encapsulating the non-autologous cells in immunoisolating, semipermeable membranes before transplantation.

[0125] Encapsulation techniques are generally classified as microencapsulation, involving small spherical vehicles

and macroencapsulation, involving larger flat-sheet and hollow-fiber membranes (Uludag, H. et al. Technology of mammalian cell encapsulation. *Adv Drug Deliv Rev.* 2000; 42: 29-64).

[0126] Methods of preparing microcapsules are known in the arts and include for example those disclosed by Lu MZ, et al., Cell encapsulation with alginate and alpha-phenoxycinnamylidene-acetylated poly(allylamine). *Biotechnol Bioeng.* 2000, 70: 479-83, Chang TM and Prakash S. Procedures for microencapsulation of enzymes, cells and genetically engineered microorganisms. *Mol Biotechnol.* 2001, 17: 249-60, and Lu MZ, et al., A novel cell encapsulation method using photosensitive poly(allylamine alpha-cyanocinnamylideneacetate). *J Microencapsul.* 2000, 17: 245-51.

[0127] For example, microcapsules are prepared by complexing modified collagen with a ter-polymer shell of 2-hydroxyethyl methylacrylate (HEMA), methacrylic acid (MAA) and methyl methacrylate (MMA), resulting in a capsule thickness of 2-5 μm . Such microcapsules can be further encapsulated with additional 2-5 μm ter-polymer shells in order to impart a negatively charged smooth surface and to minimize plasma protein absorption (Chia, S.M. et al. Multi-layered microcapsules for cell encapsulation *Biomaterials.* 2002 23: 849-56).

[0128] Other microcapsules are based on alginate, a marine polysaccharide (Sambanis, A. Encapsulated islets in diabetes treatment. *Diabetes Technol. Ther.* 2003, 5: 665-8) or its derivatives. For example, microcapsules can be prepared by the polyelectrolyte complexation between the polyanions sodium alginate and sodium cellulose sulphate with the polycation poly(methylene-co-guanidine) hydrochloride in the presence of calcium chloride.

[0129] It will be appreciated that cell encapsulation is improved when smaller capsules are used. Thus, the quality control, mechanical stability, diffusion properties, and *in vitro* activities of encapsulated cells improved when the capsule size was reduced from 1 mm to 400 μm (Canaple L. et al., Improving cell encapsulation through size control. *J Biomater Sci Polym Ed.* 2002;13:783-96). Moreover, nanoporous biocapsules with well-controlled pore size as small as 7 nm, tailored surface chemistries and precise microarchitectures were found to successfully immunoisolate microenvironments for cells (Williams D. Small is beautiful: microparticle and nanoparticle technology in medical devices. *Med Device Technol.* 1999, 10: 6-9; Desai, T.A. Microfabrication technology for pancreatic cell encapsulation. *Expert Opin Biol Ther.* 2002, 2: 633-46).

[0130] Examples of immunosuppressive agents include, but are not limited to, methotrexate, cyclophosphamide, cyclosporine, cyclosporin A, chloroquine, hydroxychloroquine, sulfasalazine (sulphasalazopyrine), gold salts, D-penicillamine, leflunomide, azathioprine, anakinra, infliximab (REMICADE.sup.R), etanercept, TNF.alpha. blockers, a biological agent that targets an inflammatory cytokine, and Non-Steroidal Anti-Inflammatory Drug (NSAIDs). Examples of NSAIDs include, but are not limited to acetyl salicylic acid, choline magnesium salicylate, diflunisal, magnesium salicylate, salsalate, sodium salicylate, diclofenac, etodolac, fenoprofen, flurbiprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, naproxen, nabumetone, phenylbutazone, piroxicam, sulindac, tolmetin, acetaminophen, ibuprofen, Cox-2 inhibitors and tramadol.

[0131] In any of the methods described herein, the cells can be administered either *per se* or, preferably as a part of a pharmaceutical composition that further comprises a pharmaceutically acceptable carrier.

[0132] As used herein a "pharmaceutical composition" refers to a preparation of one or more of the chemical conjugates described herein, with other chemical components such as pharmaceutically suitable carriers and excipients. The purpose of a pharmaceutical composition is to facilitate administration of a compound to a subject.

[0133] Hereinafter, the term "pharmaceutically acceptable carrier" refers to a carrier or a diluent that does not cause significant irritation to a subject and does not abrogate the biological activity and properties of the administered compound. Examples, without limitations, of carriers are propylene glycol, saline, emulsions and mixtures of organic solvents with water.

[0134] Herein the term "excipient" refers to an inert substance added to a pharmaceutical composition to further facilitate administration of a compound. Examples, without limitation, of excipients include calcium carbonate, calcium phosphate, various sugars and types of starch, cellulose derivatives, gelatin, vegetable oils and polyethylene glycols.

[0135] According to a preferred aspect of the present disclosure, the pharmaceutical carrier is an aqueous solution of saline.

[0136] Techniques for formulation and administration of drugs may be found in "Remington's Pharmaceutical Sciences," Mack Publishing Co., Easton, PA, latest edition.

[0137] Suitable routes of administration include direct administration into the tissue or organ of interest. Thus, for example the cells may be administered directly into the brain as described hereinabove or directly into the muscle as described in Example 3 hereinbelow.

[0138] For any preparation used in the methods of the disclosure, the therapeutically effective amount or dose can be estimated initially from *in vitro* and cell culture assays. Preferably, a dose is formulated in an animal model to achieve a desired concentration or titer. Such information can be used to more accurately determine useful doses in humans.

[0139] Toxicity and therapeutic efficacy of the active ingredients described herein can be determined by standard pharmaceutical procedures *in vitro*, in cell cultures or experimental animals. For example, 6-OHDA-lesioned mice may be used as animal models of Parkinson's. In addition, a sunflower test may be used to test improvement in delicate motor function by challenging the animals to open sunflowers seeds during a particular time period.

[0140] Transgenic mice may be used as a model for Huntingdon's disease which comprise increased numbers of CAG repeats have intranuclear inclusions of huntingtin and ubiquitin in neurons of the striatum and cerebral cortex but not in the brain stem, thalamus, or spinal cord, matching closely the sites of neuronal cell loss in the disease.

[0141] Transgenic mice may be used as a model for ALS disease which comprise SOD-1 mutations.

[0142] The septohippocampal pathway, transected unilaterally by cutting the fimbria, mimics the cholinergic deficit of the septohippocampal pathway loss in Alzheimers disease. Accordingly animal models comprising this lesion may be used to test the cells of the present disclosure for treating Alzheimers.

[0143] Survival and rotational behavior (e.g. on a rotarod) of the animals may be analyzed following administration of the cells of the present disclosure.

[0144] The data obtained from these *in vitro* and cell culture assays and animal studies can be used in formulating a range of dosage for use in human. The dosage may vary depending upon the dosage form employed and the route of administration utilized. The exact formulation, route of administration and dosage can be chosen by the individual physician in view of the patient's condition, (see e.g., Fingl, et al., 1975, in "The Pharmacological Basis of Therapeutics", Ch. 1 p.1). For example, Parkinson's patient can be monitored symptomatically for improved motor functions indicating positive response to treatment.

[0145] For injection, the active ingredients of the pharmaceutical composition may be formulated in aqueous solutions, preferably in physiologically compatible buffers such as Hank's solution, Ringer's solution, or physiological salt buffer.

[0146] Dosage amount and interval may be adjusted individually to levels of the active ingredient which are sufficient to effectively regulate the neurotransmitter synthesis by the implanted cells. Dosages necessary to achieve the desired effect will depend on individual characteristics and route of administration. Detection assays can be used to determine plasma concentrations.

[0147] Depending on the severity and responsiveness of the condition to be treated, dosing can be of a single or a plurality of administrations, with course of treatment lasting from several days to several weeks or diminution of the disease state is achieved.

[0148] The amount of a composition to be administered will, of course, be dependent on the individual being treated, the severity of the affliction, the manner of administration, the judgment of the prescribing physician, etc. The dosage and timing of administration will be responsive to a careful and continuous monitoring of the individual changing condition. For example, a treated Parkinson's patient will be administered with an amount of cells which is sufficient to alleviate the symptoms of the disease, based on the monitoring indications.

[0149] The cells of the present disclosure may be co-administered with therapeutic agents useful in treating neurodegenerative disorders, such as gangliosides; antibiotics, neurotransmitters, neurohormones, toxins, neurite promoting molecules; and antimetabolites and precursors of neurotransmitter molecules such as L-DOPA. Additionally, the cells of the present disclosure may be co-administered with other cells capable of synthesizing a neurotransmitter. Such cells are described in U.S. Pat. Appl. No. 20050265983 to the present inventors.

[0150] Following transplantation, the cells of the present disclosure preferably survive in the diseased area for a period of time (e.g. at least 3 months), such that a therapeutic effect is observed.

[0151] As used herein the term "about" refers to $\pm 10\%$.

[0152] Additional objects, advantages, and novel features of the present disclosure will become apparent to one ordinarily skilled in the art upon examination of the following examples, which are not intended to be limiting.

EXAMPLES

[0153] Reference is now made to the following examples, which together with the above descriptions, illustrate the disclosure in a non limiting fashion.

[0154] Generally, the nomenclature used herein and the laboratory procedures utilized in the present disclosure include molecular, biochemical, microbiological and recombinant DNA techniques. Such techniques are thoroughly explained in the literature. See, for example, "Molecular Cloning: A laboratory Manual" Sambrook et al., (1989); "Current Protocols in Molecular Biology" Volumes I-III Ausubel, R. M., ed. (1994); Ausubel et al., "Current Protocols in Molecular Biology", John Wiley and Sons, Baltimore, Maryland (1989); Perbal, "A Practical Guide to Molecular Cloning", John Wiley & Sons, New York (1988); Watson et al., "Recombinant DNA", Scientific American Books, New York; Birren et al. (eds) "Genome Analysis: A Laboratory Manual Series", Vols. 1-4, Cold Spring Harbor Laboratory Press, New York (1998); methodologies as set forth in U.S. Pat. Nos. 4,666,828; 4,683,202; 4,801,531; 5,192,659 and 5,272,057; "Cell Biology: A Laboratory Handbook", Volumes I-III Cellis, J. E., ed. (1994); "Current Protocols in Immunology" Volumes I-III Coligan J. E., ed. (1994); Stites et al. (eds), "Basic and Clinical Immunology" (8th Edition), Appleton & Lange, Norwalk, CT (1994); Mishell and Shiigi (eds), "Selected Methods in Cellular Immunology", W. H. Freeman and Co., New York (1980); available immunoassays are extensively described in the patent and scientific literature, see, for example, U.S. Pat. Nos. 3,791,932; 3,839,153; 3,850,752; 3,850,578; 3,853,987; 3,867,517; 3,879,262; 3,901,654; 3,935,074; 3,984,533; 3,996,345; 4,034,074; 4,098,876; 4,879,219; 5,011,771 and 5,281,521; "Oligonucleotide Synthesis" Gait, M. J., ed. (1984); "Nucleic

Acid Hybridization" Hames, B. D., and Higgins S. J., eds. (1985); "Transcription and Translation" Hames, B. D., and Higgins S. J., eds. (1984); "Animal Cell Culture" Freshney, R. I., ed. (1986); "Immobilized Cells and Enzymes" IRL Press, (1986); "A Practical Guide to Molecular Cloning" Perbal, B., (1984); "Methods in Enzymology" Vol. 1-317, Academic Press; "PCR Protocols: A Guide To Methods And Applications", Academic Press, San Diego, CA (1990); Marshak et al., "Strategies for Protein Purification and Characterization - A Laboratory Course Manual" CSHL Press (1996) and Parfitt et al. (1987). Bone histomorphometry: standardization of nomenclature, symbols, and units. Report of the ASBMR Histomorphometry Nomenclature Committee. J Bone Miner Res 2 (6), 595-610. Other general references are provided throughout this document. The procedures therein are believed to be well known in the art and are provided for the convenience of the reader.

EXAMPLE 1

Generation and Characterization of neurotrophic-factor-secreting cells (NTF-SCs) MATERIALS AND METHODS

Preparation of Platelet Lysate

[0155] Platelet lysate was prepared using a freeze-thaw protocol. Platelet Rich Plasma (PRP) were obtained from Blood Bank donations determined free of infectious agents (i.e. HIV, HTLV, HCV, HBsAg). PRP containing bags were stored at -80 °C and thawed in a 37 °C water bath. After thawing the Platelet Rich Plasma of multiple donors was pooled, mixed and centrifuged at 14000 x G for 10 minutes to remove platelet particles and membranes. The Platelet lysate supernatant was then collected and frozen at -80 °C until use. The Platelet lysate was tested for endotoxin, haemoglobin, pH, total protein, albumin, osmolality, sterility and mycoplasma.

Isolation and proliferation of human MSC:

[0156] Adult human bone marrow samples were collected from the posterior iliac crest of adult human donors, undergoing bone marrow aspiration, after obtaining informed consent. Bone marrow aspirates were diluted 1:1 with Hanks' Balanced Salt Solution (HBSS, Biological Industries, Beit-Haemek, Israel) and mononuclear cells were separated by density centrifugation, over UNI-SEP_{MAXI}/UNI-SEP+(Polysucrose - Sodium Metrizoate, NovaMed, Jerusalem, Israel) containing tubes. The mononuclear cell fraction was collected, washed in HBSS and centrifuged. Cells were re-suspended in Growth Medium 1, counted and seeded at a concentration of 250,000-350,000 cells/cm² in 75 cm² tissue culture flasks (Corning, NY, USA). Flasks were incubated in a 37 °C humidified incubator with 5 % CO₂.

[0157] Growth medium 1 consisted of Dulbecco's Modified Eagle's Medium (DMEM, Biological Industries), supplemented with 100 µg/ml streptomycin, 100U/ml penicillin, 12.5 units/ml nystatin (SPN, Biological industries), 2mM L-Glutamine (Biological industries), 2 IU/ml Heparin (Trima, Kibutz Maabarot, Israel), 0.001 % 2-mercaptoethanol (Sigma-Aldrich, St. Louis, MO, USA), 1 % MEM non-essential amino acid solution (Biological Industries) and 10 % Platelet lysate. Platelet lysate was processed from frozen-thawed human platelet rich plasma (PRP) as described herein above. 24 hrs later, Growth medium 1 was aspirated to remove non-adherent cells from the flask. Human MSC were allowed to proliferate in Growth medium 1, which was replaced twice weekly. After 12-18 days the cells were trypsinized (trypsin from Biological Industries), centrifuged, counted, resuspended in Growth medium 2 and seeded in CellStacks (Corning) at a density of 500-3000 cells/cm². Growth medium 2 consists of DMEM supplemented with SPN, glutamine and heparin as in Growth medium 1 and 5% PRP. MSC cultures were passaged approximately every two weeks. Experiments on the cells were performed after 2-7 passages.

Induction of human MSC into NTF-SC

[0158] Human MSC (12,000 cells/cm²) were first placed in DMEM supplemented with SPN, 2mM L-Glutamine (Biological industries), 20 ng/ml human epidermal growth factor (hEGF), 20 ng/ml human basic fibroblast growth factor (hbFGF) (R&D Systems) and N2 supplement (Invitrogen). After 72 hours, the medium was replaced with DMEM supplemented with 1mM dibutyl cyclic AMP (dbcAMP), 0.5 mM isobutylmethylxanthine (IBMX) (Sigma-Aldrich), 5 ng/ml human platelet derived growth factor (PDGF), 50 ng/ml human neuregulin 1-β1/ HRG1-β1 EGF domain and 20 ng/ml hbFGF (all from R&D Systems) for 3 more days.

Immunocytochemistry

[0159] Human MSC and NTF-SC were fixed with 4 % paraformaldehyde and stained with rabbit anti-glial fibrillary acidic protein (GFAP; 1:200, DAKO), rabbit anti glutamine synthetase (GS; 1:100; Sigma), rabbit anti-GDNF (1:100, Santa Cruz), rabbit anti-BDNF (1:100, Santa Cruz), rabbit anti IGF-1 (1:100, Santa Cruz). Secondary antibodies were

goat anti-rabbit Alexa-488 (1:200, Molecular Probes). For GDNF staining, secondary antibodies were biotinylated goat anti-rabbit (1:200; Jackson Laboratories) and streptavidine-Alexa-488 (1:200, Molecular Probes). Nuclear DNA was stained by 4,6-diamino-2-phenylindole (DAPI) (1:1000, Sigma).

In-vitro neuroprotection assay

[0160] Neuroblastoma cell line SH-SY5Y cells (ATCC, Manassas, VA, USA) were grown in basal media consisting of DMEM with 10 % fetal calf serum (FCS), 2 mM L-glutamine, and SPN (Biological industries). The SH-SY5Y cells were plated in 96-well plates. Each well was applied with either human MSC or NTF-SC conditioned media or with serum free medium (DMEM, Glutamine and SPN), and immediately exposed to oxidative insult by 6-OHDA (Sigma-Aldrich) for 24 hours. Cell viability after treatments was analyzed by adding 3-(4, 5-dimethylthiazole-2-yl)-2, 5-diphenyltetrazolium bromide (MTT) solution to each well followed by incubation at 37 °C for 3 hours. Absorbance was determined at 564 nm in a microplate reader. Cell viability was evaluated in sextuplets for each treatment and compared to the serum free treated cells.

ELISA based measurements of NTFs secretion

[0161] At the end of the NTF-SC induction process, the cell culture supernatant was measured for human GDNF and BDNF concentrations by a sandwich ELISA procedure according to the manufacturer's instructions (DuoSet, R&D System for human BDNF and GDNF). The absorbance at 450 nm and 570 nm was recorded on a Microplate Reader (Labsystems Multiscan MS). The results were calculated for one million cells.

RESULTS

Analysis of MSC in medium containing 5 % Platelet lysate

[0162] The growth potential of MSC in medium containing 5 % Platelet lysate (PM) as compared to MSC grown in medium containing 15% FCS (FCS) is demonstrated in Figure 1.

[0163] FACS analyses of plastic adherent MSC grown in 5 % platelet lysate for approximately 4 weeks is demonstrated in Figures 2A-I. The cells were negative for Hematopoietic surface markers: (CD3, T cell receptor; CD14 monocyte/macrophages; CD19, B cell marker; CD34 hematopoietic progenitors; CD45 pan-leukocyte marker, and HLA-DR) and stained positive for Mesenchymal surface markers CD73, CD105 and CD90.

Induced human NTF-SC express neurotrophic factors

[0164] *In-vitro* analysis of the NTF-SC revealed their NTF expression profile. They expressed astrocyte markers such as GFAP and GS. Moreover, The NTF-SC highly expressed the GDNF, BDNF and IGF-1 proteins as indicated by immunocytochemistry (Figures 3A-J). ELISA analysis showed that the differentiated NTF-SC secrete the neurotrophic factors into the culture supernatant. While untreated MSC secreted low levels of BDNF and GDNF (1216 ± 725 pg/ 10^6 cells and 337 ± 27 pg/ 10^6 cells, respectively), after six days of induction the NTF-SC secreted over five times more BDNF (7117 ± 1335 pg/ 10^6 cells), and over twice the amount of GDNF (787 ± 206 pg/ 10^6 cells) (Figures 3K-L).

[0165] NGF was found to be negative when tested in supernatants of 7 different MSCs donors propagated in PM and in 6 different supernatants of NTF-secreting cells, using the ELISA kit to Human bNGF (DuoSet R&D, limit of Detection - 2 pg/ml, linear between 4 and 250 pg/ml).

Conditioned media from human NTF-SC protect neuroblastoma cell line against 6-OHDA toxicity:

[0166] The protective effect of the induced MSC *in vitro*, was examined using a neuroblastoma cell line, SH-SY5Y, exposed to increasing doses of 6-OHDA (32-160 μ M). For the neuroprotection assay, human MSCs were induced, following which the induction medium was removed. The induced cells were then incubated with fresh serum free medium for an additional 24 hours to allow secretion of NTFs. For controls, supernatants of untreated MSC incubated in serum free medium for 24 h were used. The SH-SY5Y cells were incubated with the supernatants and one hour later, 6-OHDA neurotoxin was added to the cultures. Cell viability was measured 24 hours later, using MTT. A consistent reduction in viability of the SH-SY5Y cells incubated with DMEM and 32, 48 and 72 μ M of 6-OHDA (31.7 ± 6.9 %, 10.1 ± 0.2 % and 12.3 ± 0.4 %, respectively, Figure 4) was noted. In contrast, SH-SY5Y cells that were incubated with supernatants, collected from untreated MSC or NTF-SC media, demonstrated a statistically significant higher percentage of viability in the presence of 32, 48 and 72 μ M 6-OHDA. The NTF-SC media demonstrated an added protective value upon the survival of the SH-SY5Y cells, although no statistically significant difference was demonstrated between the induced

NTF-SC media treatment and the untreated MSC media treatment ($90.2 \pm 7.4 \%$, $73.2 \pm 9.6 \%$ and $55.4 \pm 15.9 \%$, respectively for the MSC group, $p < 0.05$, and $92.4 \pm 5.0 \%$, $93.4 \pm 12.9 \%$ and $80.3 \pm 12 \%$ for the NTF-SC group, $p < 0.005$, Figure 4). At $160 \mu\text{M}$ 6-OHDA, cell viability dropped to $15.0 \pm 0.6 \%$ in the control group and similarly in the MSC group ($11.7 \pm 0.2 \%$), while the NTF-SC media remained slightly beneficial ($17.9 \pm 0.6 \%$, $P < 0.05$ compared to both groups).

EXAMPLE 2

In-vivo studies with the NTF-SCs of the present disclosure MATERIALS AND METHODS

6-OHDA induced striatal lesion

[0167] A total of 63 male Sprague-Dawley rats weighting 260-300 gr (Harlan, Jerusalem, Israel) were used in this experiment. They were placed under 12 hours light/12 hours dark conditions and grown in individual ventilated cages (IVC) with *ad libitum* access to food and water.

[0168] $7 \mu\text{g}/2.5 \mu\text{l}$ of 6-hydroxy dopamine (6-OHDA, Sigma-Aldrich) was injected into two sites (total of $14 \mu\text{g}$ 6-OHDA) in the right striatum according to the rat brain atlas (43) in 56 animals. Under chloral hydrate anesthesia the rats were placed in a digital stereotactic frame (Stoelting, Wood Dale, IL, USA) and 6-OHDA was injected to the following coordinates (relative to the bregma and dura): AP +0.5 ML 2.5 DV -6.0 & AP -0.5 ML 4.2 DV -6.0 at a rate of $1 \mu\text{l}/\text{minute}$ using a Hamilton 701N syringe. The inserted needle was withdrawn from each location after 5 minutes.

Stem cell transplantation

[0169] Human MSCs grown in serum free conditions for 6 days or induced NTF-SC, were used. On treatment day, the cells were trypsinized, washed with phosphate buffered saline (PBS) and counted. Two concentrations of cells were injected ($50,000 \text{ cells}/\mu\text{l}$ or $150,000 \text{ cells}/\mu\text{l}$ in PBS). A total of $150,000$ or $450,000 \text{ cells}/3 \mu\text{l}$ were injected per site at a rate of $1 \mu\text{l}/\text{minute}$, and cells were transplanted into two sites along the same DV axis: AP -1.8, ML 4.6, DV -5 and -7. Cells viability was assessed by trypan blue (Sigma-Aldrich) after each transplantation session.

Study design

[0170] The *in-vivo* experiment was performed on the 6-OHDA induced striatal lesion model. Cells, or PBS as control, were transplanted on the same day of the 6-OHDA injections, 50 minutes later, posterior to the lesion within the treated striatum. The experiment consisted of the following groups: the control group was treated with 6-OHDA and with PBS instead of cellular treatment ($n=10$); MSC treated groups were treated with either a high dose ($450,000 \text{ cells}$, $n=10$) or a low dose ($150,000 \text{ cells}$, $n=11$) of serum free medium treated MSC; NTF-SC group was treated with either high dose ($450,000 \text{ cells}$, $n=10$) or low dose ($150,000 \text{ cells}$, $n=11$) of induced NTF-SC. Another group of untreated animals ($n=7$) were used as controls for the open field test.

[0171] For cell tracking purposes three different time points were analyzed by using histology based study or *in-vivo* MRI. At the first time point, 7 days post cellular treatment, 4 animals that were treated with high dose NTF-SC were sacrificed for histological evaluation only. For the second time point, on the 35th day, we conducted an *in-vivo* MRI study on selected animals. These animals ($n=3$ from the control group and $n=3$ from the low dose NTF-SC treated group) were treated with cells that were pre-labeled with super-paramagnetic iron oxide particles (SPIOs, $5 \mu\text{g}/\text{ml}$, Feridex, Advanced magnetic, Cambridge, MA, USA). SPIOs were incubated with poly-L-lysine ($1 \mu\text{g}/\text{ml}$ medium, 70-150KD, Sigma-Aldrich) for one hour before adding to the medium on the last day of stage 1 medium treatment. Cultures were washed with stage 2 medium of induction after 24 hours. The control group was treated with $1 \mu\text{g}$ of SPIOs in $6 \mu\text{l}$ of PBS (the same volume of the cell suspension). The last time point for cell tracking was at the end of the experiment, at 50 days after treatment day.

[0172] Immunosuppression was induced by daily subcutaneous administration of $15 \text{mg}/\text{Kg}$ cyclosporine A (Novartis, Basel, Switzerland), starting one day prior to cellular treatment and continued throughout the experiment. Animals received prophylactic antibiotic treatment with Enrofloxacin ($50 \text{mg}/\text{Kg}$, Bayer, Germany) for five days from the first day of the experiment.

Behavioral tests

[0173] D-Amphetamine-induced rotational behavior was measured for 90 minutes following i.p. administration of $2.5 \text{mg}/\text{Kg}$ (Sigma-Aldrich) using an automated Rotameter device (San Diego Instruments, San-Diego, CA, USA). The net ipsilateral rotations were measured at 14, 28 and 42 days post cell transplantation.

[0174] Open field test was conducted at 7 days post treatment by introducing the animals into a 50 cm^2 arena and

videotaping the spontaneous behavior of the rats for 30 minutes. The images were analyzed by EthoVision 3 software (Noldus, The Netherlands).

MRI

[0175] Anesthesia was induced with 4 % isoflurane in 95 % O₂, and maintained with ~1-2 % isoflurane (Vetmarket Ltd., Petah-Tikva, Israel) at a flow rate of ~1 liter/minute. Respiratory rate was monitored throughout all the experiments. Body temperature was maintained by circulating water at 37 °C. MRI scans were performed on a 7.0T/30 cm Bruker Biospec equipped with a gradient system capable of producing gradient pulses of up to 400 mT/m (Bruker Biospin, Karlsruhe, Germany). A body coil was used as the transmit coil, and a rat quadrature coil was used as the receiving coil. MRI experiments were performed on the 35th day post transplantation and 6-OHDA injection. Scans included: T₂ weighted images (WI) RARE8 (TR/TE=3500/75 ms). The field of view (FOV) was 2.56x2.56, the matrix size was 256x128 zero filled to 256x256, and a slice thickness of 700µm was chosen, 15 slices were collected. Additionally, three dimensional (3D) gradient echo (GE) images were collected (FLASH, TR/TE=150/14 ms, flip angle =15 °) with a FOV of 2.56x2.56x0.48 and a matrix size of 128x96x24 (zero filled to 128x128x32), resulting in a spatial resolution of 200x200x150 (µm)³. The images are presented as raw data without any image processing.

Immunohistochemistry

[0176] At the end of the experiment (7 or 50 days post treatment) animals were transcardially perfused with ice cold PBS following a solution of 4 % paraformaldehyde and 4 % sucrose in phosphate buffer (PB) according to a known protocol (NeuroScience Labs, NSA, Knoxville, TN). Brains were immersed in the perfusion solution for 24 hours in 4°C following cryoprotection in 30 % sucrose for additional 48 hours before freezing. 12 samples were processed by NSA (4 of the PBS group, 4 of the high MSC group, 4 of the high NTF-SC group and 4 animals treated with high dose of NTF-SC cells that were sacrificed after a week). These samples were serially sectioned into 40 µm coronal sections and every 8th section throughout the striatum was dyed for human nuclei antigen and the adjacent section for tyrosine hydroxylase (TH).

[0177] The brains of animals treated with SPIOs labeled cells were sectioned axially (8 µm) and dyed with Prussian blue stain (Sigma-Aldrich, according to manufacturer instructions) for the detection of Fe particles. Adjacent sections were immunostained with anti human nuclear antibody. Briefly, sections were microwave-boiled in a citrate buffer for antigen unmasking, and then immersed in a blocking and permeability solution (10 % fetal calf serum, 2 % bovine serum albumin, 1 % glycine and 0.05 % Triton). Post blocking, the samples were incubated overnight with anti human nuclear antibody (1:200) in 4 °C. Sections were dyed with anti mouse IgG conjugated to Alexa Fluor 568 (Invitrogen, 1:500). Nuclei were counterstained with DAPI (1:500, Sigma-Aldrich). CD68 staining (1:500, Serotec, Oxford, UK) was conducted in a similar manner except the antigen unmasking process and the use of biotinylated anti mouse IgG (ready to use, Zymed-Invitrogen) followed by streptavidin Alexa Fluor 568 (1:500, Invitrogen).

Stereological study

[0178] All sections stained for TH (n=4 animals from each group) were quantified for the area with a positive stain in the striatum. By using an Olympus DP71 camera (Japan) at a X40 magnification, 2-3 images were photographed to cover all or almost all the striatum of each side and each animal. The images were then quantified by the ImagePro 5.1 software that measured the total area of positive staining, according to a unified cutoff. The operator of the software was blind to the origin of the images. The damage was calculated as the percent of the TH-positive area in the lesioned striatum divided by the TH-positive area of the untreated contralateral side.

Dopamine measurements by HPLC

[0179] Animals (n=5 each of the following groups: PBS, high dose MSC and high dose NTF-SC) were sacrificed by CO₂ and their brains were quickly removed and placed on ice. The striatae were dissected out and weighted. Each sample was sonicated in ice cold 1ml of 0.1M perchloric acid until homogeneity was achieved. The samples were centrifuged for 15 minutes (12,000rpm, 4 °C), and the supernatants were collected and transferred onto a 0.2 µm nylon filter tubes (Corning). The samples were centrifuged again (6,000 rpm, 5 minutes, 4 °C) and the filtrates were stored in -80 °C until analyzed. An aliquot of the filtrate was injected into the HPLC system (Waters, Milford, MA, USA) equipped with a C18 reverse phase, 3µ LUNA column (100mm×2mm, Phenomenex, Torrance, CA, USA). The sample was eluted by a mobile phase made of 25 mM NaH₂PO₄, 50 mM Na-citrate, 0.03 mM EDTA, 10mM diethylamine HCl and 2.2 mM sodium octyl sulphate (pH 3.2), 30 ml/L methanol and 22 ml/L dimethylacetamide at a flow rate of 0.4 ml/min. The dopamine peak was determined by electrochemical detection at a potential of 0.6 V. The dopamine content in the sample

was calculated by extrapolating the peak area from a standard curve (range 1-200 pg of dopamine) constructed under the same conditions during each run by the Maxima Workstation (Waters). The results were normalized to the sample weight.

Statistical analysis

The results are expressed as means $\pm$ standard error. Student's t-test was used to compare means of two groups. Comparisons between several groups were done by ANOVA with Scheffe's post-hoc analysis. Repeated tests (amphetamine-induced rotations) were also analyzed by repeated ANOVA test. Statistical calculations were performed using SPSS v. 13.

RESULTS

Transplanted human NTF-SC attenuate 6-OHDA induced rotational behavior in rats

Overall, the treated animals of all groups tolerated well the various therapies including immunosuppression. Of 56 animals, 2 died within the experimental follow up, one of peritonitis, and the other of an unknown cause. The animals failed to gain weight for 14 days post treatment, regardless of the group tested (excluding healthy controls for the open field test), and from that point on, almost all animals gained weight in a similar manner.

The control (PBS) group demonstrated a statistically significant increase of amphetamine-induced ipsilateral rotations on the 14th day post lesion (2.71 ± 0.79 net ipsilateral rotations per minute) and the 28th day (4.11 ± 0.86), reaching a plateau on the 42nd day measurement (4.74 ± 1.07) suggesting that the pathological process of death of nigrostriatal dopaminergic nerve terminals was progressive in nature for at least 28 days.

There were no statistically significant differences between the different cell doses, regardless of the type of treatment and the day of measurement. In the untreated MSC low dose group it was found that the animals rotated at a rate of 3.54 ± 0.63 , 2.61 ± 0.55 and 3.25 ± 0.75 net ipsilateral turns per minute on days 14, 28 and 42 post treatment respectively, while the MSC high dose treated group showed lower but not statistically significant measures: 2.05 ± 0.41 , 2.22 ± 0.52 and 2.30 ± 0.78 at the same time intervals. The NTF-SC treated group had shown the same trait between the doses: 1.19 ± 0.6 , 1.29 ± 0.44 and 2.07 ± 0.81 in the low dose treated group compared to 2.12 ± 0.42 , 1.49 ± 0.32 and 1.67 ± 0.52 in the high dose treated group. Hence, the high and low dose groups were combined for another statistical analysis. It was found that both cellular treatment types produced a non-progressing effect on the rotational behavior. The NTF-SC group demonstrated a lower result in the first measurement fourteen days post-treatment, although it not statistically significant different from the other groups. It had a statistically significant better result than the control group on the two later measurements (2.45 ± 0.54 and 2.86 ± 0.54 for the combined MSC treated group on days 28 and 42 post treatment, respectively, compared to 1.46 ± 0.37 and 2.16 ± 0.37 for the combined NTF-SC treated group at the same time intervals, $p < 0.05$ compared to the PBS group). In summary, the MSC treated group did not demonstrate a statistically significant improvement as compared to the control (PBS) group. In contrast, for the cells undergoing the novel induction based treatment, the NTF-SC groups, a marked decrease of 25 % and 45 % after 14 and 28 days post transplantation was noted (Figure 5A).

All 6-OHDA treated animals demonstrated overall motor hypoactivity in the open field test on the 7th day post treatment. The control group activity indices were similar to those of the MSC treated group. The total distance walked by the combined low and high dose NTF-SC treated animals was 3667cm on average, which was 22 % higher compared to the control group (2989cm) and 17 % higher than the combined low and high dose MSC treated group (3119cm) on average. However, there was no statistically significant difference between the groups ($p = 0.054$) (Figure 5B).

Transplantation of human NTF-SC resulted in a greater preservation of TH-positive area in the 6-OHDA lesioned striatum

The methodology of the stereological study is illustrated in Figures 6A-E. It was found that 6-OHDA-induced lesions with this specific protocol decreased the striatal TH-positive area by more than 5-fold in comparison to the control hemisphere (15.26 ± 2.95 % of the contralateral striatum). Both types of cellular treatment, MSC and NTF-SC, demonstrated a protective effect. However, only the NTF-SC yielded a statistically significant higher TH-positive area as a percent of the untreated side (31.15 ± 6.27 %), by increasing it more than twice in comparison to the control group, while MSC treatment failed to induce a statistically significant difference (23.11 ± 3.5 %, Figures 7A-D).

Interestingly, when subdividing the different areas of the striatum into sections of approximately 1mm thick, it was found that the NTF-SC were beneficial in the anterior, rather than the posterior area of the striatum, the region of transplantation (Figure 7E).

Cellular transplantation inhibited 6-OHDA-induced dopamine depletion in the lesioned striatae

[0187] It was found that both types of cellular treatments, i.e. MSC and NTF-SC, prevented the falls of striatal dopamine levels induced by neurotoxin injection by more than 2.5-fold compared with the control group (HPLC measurement of the levels of dopamine in the whole lesioned striatum, was defined as a percentage of the untreated side). While the control group (n=5) lesioned striatae contained only 21.3 ± 3.8 % dopamine measured in comparison to the untreated side, MSC treated animals (n=5) had on average 68.7 ± 8.6 % and the NTF-SC treated group (n=5) had 72.4 ± 16.4 % striatal dopamine levels compared to the intact contralateral striatum. Only measurements from the NTF-SC treated group reached a statistically significant difference compared to the control group ($p < 0.05$).

Tracking of transplanted cells by histology and in-vivo MRI

[0188] Cell tracking was done at three different time points, by applying *in-vivo* MRI and three different histological assessments. *In-vivo* MRI was conducted on selected animals treated with iron particles-labeled cells (or SPIOs only as controls, n=3 each) on day 35 post treatment. The 3D T_2^* weighted images demonstrated two distinct hypointense regions for the PBS treated group: the PBS/SPIO injection site and the 6-OHDA injection sites (Figure 8A). The latter probably resulted from bleeding in the site of 6-OHDA injection. No other hypointensities could be seen in the area between the two injections. In contrast, the 3D T_2^* weighted images of the cell-treated group demonstrated a migration pathway from the site of NTF-SC injection to the striatum (Figure 8B-C). The 2D T_2 weighted image is shown in Figure 8G for anatomical reference. Histological staining with Prussian blue for the iron particles was in excellent agreement with hypointensities in the MR images (Figure 8D).

[0189] Further histological studies aimed at the search for human nuclear antigen. Four randomly selected animals treated with the higher dose of human NTF-SC were sacrificed for histological studies at the first time point, i.e., 7 days after they were treated with 6-OHDA. The brains of the animals were serially sectioned as described. Using the NSA methods, a large cluster of cells around the injection site were observed in each of these animals. In three out of the four specimens, cells were found to be present along 620-1920 μm from the site of transplantation in adjacent sections, indicating the beginning of cellular migration. In order to quantify the survival rate of the cells, all the cells with normal morphology were manually counted, (i.e. those that were smooth-looking and not comprising segmented nuclei with a positive dye. This measurement revealed that only 0.34 ± 0.1 % of the cells survived one week post transplantation.

[0190] On the last day of the experiment, i.e. 50 days post-treatment, NSA methods were used on 4 randomly selected animals from the PBS control group, the high MSC-treated group and the NTF-SC-treated group. This examination revealed almost no cells. In fact, around the transplantation site, only remnants of cells and signs of old bleeding were found. After sectioning other brains into 8 μm sections and using a more sensitive fluorescent based stain, a small minority of the transplanted human cells after 50 days were observed. The staining was conducted on axial sections adjacent to those in which a positive Prussian blue dye was found, and all cells positive for human nuclear antigen were demonstrated along the migration path. However, using the fluorescence method, the present inventors could not find cells along the entire migration pathway indicated by the Prussian blue stain, indicating that iron deposits did not necessarily indicate living cells by the last day of the experiment (Figures 8E-G). CD68 staining for the identification of macrophages in the route of the cells was negative (data not shown). In summary, migration of human cells within the lesioned rat striatum was noted by *in-vivo* MRI and by histological analysis; a small minority of the cells was found to survive for at least 50 days.

CONCLUSIONS

[0191] In this report, a robust induction protocol of adult human bone marrow derived MSC into NTF-SC is described. Such cells produce and release several NTFs including BDNF and GDNF. These cells conditioned media rescued 6-OHDA-treated neuroblastoma cells. In cyclosporinized rats with unilateral striatal 6-OHDA lesions, ipsilateral transplantation of human NTF-SC was beneficial and partially attenuated amphetamine-induced rotations and other abnormal behavior, striatal dopamine levels reduction, as well as the loss of TH-immunoreactive nerve terminal network. It was also found that the NTF-SC migrated along the corpus callosum around the striatal 6-OHDA lesion into the anterior striatum, instead of migrating directly to the lesion area.

[0192] It was found that the NTF-SC secrete significantly higher levels of NTFs compared to untreated MSCs. This protocol increased the levels of BDNF and GDNF 2.3- and 5.8-fold, respectively, as compared to control human MSC. Immunocytochemical studies revealed that the induction process is robust, since almost all cells are positive for the tested NTF.

[0193] Cell-based delivery of NTFs may be potentially superior to direct infusion of NTFs since it does not require instruments of transplantation such as permanent catheters, rather than a single surgical procedure. The presently proposed medium-based induction may also be superior to viral vector delivery for achieving genetic over-expression

since it circumvents safety problems. Moreover, the present inventors used xeno-free media for both the production of the MSC culture and for their induction procedure until transplantation, rendering the present method more practical and acceptable for clinical use. The platelet-based growth medium did not alter the basic mesenchymal characteristics of the MSC in terms of CD markers and mesenchymal lineage differentiation.

[0194] Human neuroblastoma cells exposed to 6-OHDA are used as an *in-vitro* model for PD, due to similar cellular processes that occur in the degenerating dopaminergic neurons, such as oxidative stress and apoptosis. The conditioned media of MSC and NTF-SC protected the neuroblastoma cell line from a 6-OHDA induced cell death. Although both MSC and NTF-SC demonstrated beneficial effects, NTF-SC-based treatment was more potent in protection from the 6-OHDA, specifically in higher insult concentrations. The conditioned media used in this experiment consisted of a serum-free media placed on the cells 24 hours post-induction. Therefore, it consisted of only the factors secreted by the cells, and not induction media. This strongly implies that the mechanism underlying the observed protection is the presence of secreted NTFs.

[0195] In order to perform *in-vivo* testing for the assumption that NTF-SC-based treatment is beneficial in a PD animal model, the present inventors first calibrated the well-established 6-OHDA-induced hemiparkinsonian rat model by injecting the specific dose of 6-OHDA into two striatal locations. As opposed to injections into the medial forebrain bundle, the present inventors used a relatively mild and progressive model of PD, probably representing an early phase of PD in human subjects. The cellular transplantation treatment was given on the day of 6-OHDA injection, therefore aiming at neuroprotection, rather than at regeneration of already-lost dopaminergic terminals. The animals were examined by two well documented behavioral tests: amphetamine-induced rotations and spontaneous motor activity in an open field.

[0196] The effect of NTF-SC treatment in terms of amphetamine-induced rotations was comparable to that found by some researches who utilized dopamine producing cells in the same animal model. The present finding that NTF-SC transplantation reduces the amphetamine-induced rotations by 40 % as compared to the control group indicates that the present therapeutic strategy, of employing stem cells as inducers of neuroprotection, is efficient and comparable to dopaminergic cell replacement strategies. The NTF-SC treated group also demonstrated a positive trend in the open field test, whereas the MSC did not alter the hypoactive behavior compared to the PBS treated group.

[0197] Following the 6-OHDA lesion, the striatal TH immunoreactive fiber area of the MSC treated group was larger than in the PBS-treated animals. However, only the NTF-SC treated group demonstrated a statistically significant lesser destruction of DA nerve terminals attested by a markedly larger TH-positive area compared to the PBS treated group. As stated, only the most anterior part of the striatum benefited from the NTF-SC treatment, at a distance from the transplantation site. It is interesting to note that in that area of the striatum, the damage was not as severe as in the posterior section. Hence, NTF-SC may prove more beneficial in a moderately injured tissue, but not in a state of complete or near-complete loss of dopaminergic nerve terminals. The migratory path of the transplanted cells was observed through the corpus callosum to the anterior parts of the striatum and not directly from the transplantation site into the lesion. This might be an indication that the surviving cells affected the anterior, rather than the posterior striatum.

[0198] Although MSC partially rescued dopamine levels, only the NTF-SC-treated group demonstrated a statistically significant lesser decreases of striatal dopamine levels which makes this treatment superior to the conventional non-induced MSC-based therapy.

[0199] An important issue in stem cell research is the survival of the transplanted cells *in-vivo*. In this work the present inventors employed different methods over several time points in order to address this subject. Using *in-vivo* MRI the present inventors were able to demonstrate the migration capacity of their cells, which was highly correlated to Fe histological staining. A migratory route was observed that bypassed the lesion site along the corpus callosum and led into the anterior striatum. Such cellular migration proves two major points: firstly, that the migrated cells survived in the CNS; and secondly, that the cells moved towards a specific signal traveling along a specific route.

[0200] In an attempt to quantify the number of surviving cells, a stereological method at 7 and 50 days post treatment was used. When applying this relatively insensitive but reproducible method, it was found that the vast majority of the transplanted cells were rejected within a week post transplantation, and that no cells were found in the treated striatum after 50 days, even though immunosuppressive therapy was given. This low surviving rate is probably due to immune rejection, and to some extent immediate cellular death due to shear forces when passing through a thin syringe into the tissue. When a more sensitive method was used, with a higher signal to noise ratio, the surviving cells were highlighted, as the tissue was sliced into thin 8 μm sections and a fluorescent dye was used. Moreover, the survival of the cells in the specific location in which they were found was supported by its high correlation to the MR images and the Prussian blue stain for iron particles in the specific specimens in which we used SPIOs labeled cells. The absence of macrophages (CD68 expressing cells) along the migration route is additional evidence of the survival of the migrating transplanted cells. It is therefore implied that although only a minority of the cells survived throughout the experiment, they were sufficient to induce the described beneficial effect in the lesioned striatum. Another strong possibility is that the transplanted cells exerted their full beneficial efficiency soon after their placement into striatum and that there was no further need for their entire presence later on.

EXAMPLE 3

Human mesenchymal stem cells differentiated into neurotrophic factors secreting cells perform glutamate uptake

[0201] The present study was performed in order to ascertain whether induction of adult hMSC into NTF-SC increases their ability to perform glutamate uptake and further to ascertain whether this uptake was significantly reduced by glutamate uptake inhibitors.

MATERIALS AND METHODS

[0202] ***In-vitro differentiation:*** Donor MSCs were grown and differentiated as detailed in Example 1 herein above.

[0203] ***Glutamate uptake:*** Glutamate uptake was assessed using [³H] D-aspartate (Amersham Pharmacia Biotech, Roosendaal, Netherlands), a transportable analogue of L-glutamate, which does not interact with glutamate receptors and is not metabolized. Differentiated and non-differentiated MSC were plated on poly-L-lysine coated 24 well plates, at a concentration of 2.5×10^4 cells per well. Plated cells were maintained in serum free medium (DMEM supplemented with SPN and L-Glutamine as specified for platelets medium above.) for 24 hours. Cells were rinsed twice with 0.5 ml Krebs buffer (25 mM HEPES pH 7.4, 4.8 mM KCl, 1.2 mM KH₂PO₄, 1.3 mM CaCl₂, 1.2 mM MgSO₄, 6 mM glucose and 140 mM NaCl) preheated to 37 °C. Cells were incubated in 0.5 ml of preheated Krebs buffer and [³H] D-aspartate at a final concentration of 50 nM. Uptake was stopped after 20 minutes by three rinses with cold Na⁺ free Krebs buffer (25 mM HEPES pH 7.4, 4.8 mM KCl, 1.2 mM KH₂PO₄, 1.3 mM CaCl₂, 1.2 mM MgSO₄, 6 mM glucose and 120 mM choline chloride- NaCl was replaced with choline chloride at the same osmolarity). Cells were lysed with 0.5 ml of 1M NaOH. The radioactivity of 350 µL was determined by liquid scintillation counting. 150 µL of lysate were removed for protein concentration tests performed using Bradford assay (Bio-Rad Laboratories Ltd.). Na⁺ free tests were performed in 0.5 ml Na⁺ free Krebs buffer preheated to 37 °C. Glutamate uptake inhibition was performed using 0.314 µM L-trans-Pyrrolidine-2,4-dicarboxylic acid (t-PDC, Sigma- Aldrich St. Louis), it was add after the second rinse and was incubated for 15 minutes prior to [³H] D-aspartate addition. Competitive inhibition was achieved using cold (non-radioactively labeled) D-methyl-aspartate at a final concentration of 50 nM on top of the labeled [³H] D-aspartate.

RESULTS

[0204] Functional glutamate transport in cultured MSC and NTF-SC was evaluated by measuring the amount of [³H] D-aspartate taken up by the cells. [³H] D-aspartate is a transportable glutamate analogue that does not interact with glutamate receptors and is not metabolized. Thus, this assay provides a strong indication of the cells ability to perform glutamate uptake.

[0205] NTF-SC perform considerable [³H] D-aspartate uptake as shown in Figure 9. [³H] D-aspartate uptake was significantly increased when MSC were induced into NTF-SC ($P < 0.0001$). When the assay was performed in a Na⁺ free buffer, uptake was reduced by 57.5 %. Furthermore, competitive inhibition by D-methyl-aspartate reduced uptake by 86.76 %, while inhibition by t-PDC a non-specific glutamate uptake inhibitor reduced glutamate uptake by over 90 %.

[0206] These results suggest that induction of MSC into NTF-SC increases glutamate uptake, that NTF-SC perform significant glutamate uptake and that this uptake involves both Na⁺ dependent and independent transport.

CONCLUSION

[0207] This study indicates the ability of bone marrow derived stem cells to take up glutamate. This ability is drastically improved after induction of hMSC into NTF-SC. Glutamate is extremely ubiquitous in the human CNS, however over-exposure to glutamate is highly toxic. Glutamate neurotoxicity has long been known to contribute to the pathogenesis of neurological disorders such as cerebral ischemia, AD, PD, HD, epilepsy and ALS.

[0208] Transplantation NTF-SC cells near the insult sight could allow neuronal protection from glutamate toxicity by regulating extracellular glutamate levels without interfering with proper glutamate neuronal transmission. Glutamate release inhibitors and receptor antagonists are already being used to treat several neurological conditions. Riluzole, a drug used in the treatment of ALS and obsessive compulsive disorder (OCD) reduces glutamate release. Glutamate antagonists are being tested in stroke in the hope of limiting the size and severity of the ischemic insult and are already employed in several antiepileptic drugs. Specific Glutamate receptor antagonists are currently undergoing clinical tests in the treatment of AD. Nevertheless, this solution interferes with the natural functions of glutamate, increasing the plausibility of severe side effects, reduced by the use of NTF-SC.

[0209] The combined therapeutic effect of neurotrophic factors and glutamate uptake provides the best survival chances of degeneration prone neurons in each and every one of the different neurological disorders.

Claims

1. An isolated, non-genetically manipulated human cell obtainable by differentiating a non-differentiated mesenchymal stem cell which has been incubated in a medium comprising platelet lysate, wherein the cell secretes brain-derived neurotrophic factor (BDNF), and does not secrete nerve growth factor (NGF) wherein a basal secretion of said BDNF is at least five times greater than a basal secretion of said BDNF in a non-differentiated mesenchymal stem cell, said non-differentiated mesenchymal stem cell expressing CD73, CD90 and CD105 and not expressing CD14, CD19, CD34, CD45 and HLA-DR, wherein said basal secretion of said non-differentiated MSC occurs in the absence of stimulants.
2. The isolated human cell of claim 1, which takes up at least 10 times more glutamate from its surroundings than a non-differentiated mesenchymal stem cell which expresses CD73, CD90 and CD105 and does not express CD14, CD19, CD34, CD45 and HLA-DR.
3. The cell of claim 1, wherein said differentiating is effected using a differentiating agent selected from the group consisting of platelet derived growth factor (PDGF), human neuregulin 1- β 1, FGF2, EGF, N2, IBMX and cAMP.
4. The cell of claim 1, wherein said differentiating agent comprises each of platelet derived growth factor (PDGF), human neuregulin 1- β 1, FGF2, EGF, N2, IBMX and cAMP.
5. The cell of claim 1, wherein said mesenchymal stem cell has been incubated in said medium comprising platelet lysate for at least four weeks.
6. The cell of claim 1, wherein said medium is devoid of serum.
7. The cell of claim 1, wherein said differentiating is effected by incubating said mesenchymal stem cells in a first differentiating medium comprising epidermal growth factor hEGF and/or basic fibroblast growth factor; and subsequently incubating said mesenchymal stem cells in a second medium comprising platelet derived growth factor and human neuregulin 1- β 1.
8. The cell of claim 1 for use in the manufacture of a medicament for treating a CNS disease or disorder.
9. The cell for use of claim 8, wherein the CNS disease or disorder is selected from the group consisting of Parkinson's, multiple sclerosis, epilepsy, amyotrophic lateral sclerosis, stroke, autoimmune encephalomyelitis, diabetic neuropathy, glaucomatous neuropathy, Alzheimer's disease and Huntingdon's disease.

Patentansprüche

1. Isolierte, nicht genetisch manipulierte humane Zelle, die durch Differenzieren einer nicht differenzierten mesenchymalen Stammzelle erhältlich ist, die in einem Blutplättchenlysate umfassenden Medium inkubiert wurde, wobei die Zelle einen aus dem Gehirn stammenden neurotrophen Faktor (BDNF, von engl. brain-derived neurotrophic factor) sezerniert und keinen Nervenwachstumsfaktor (NGF, von engl. nerve growth factor) sezerniert, wobei eine basale Sekretion des BDNF mindestens fünfmal größer ist als eine basale Sekretion des BDNF in einer nicht differenzierten mesenchymalen Stammzelle, wobei die nicht differenzierte mesenchymale Stammzelle CD73, CD90 und CD105 exprimiert und CD14, CD19, CD34, CD45 und HLA-DR nicht exprimiert, wobei die basale Sekretion der nicht differenzierten MSC in Abwesenheit von Stimulanzen erfolgt.
2. Isolierte humane Zelle nach Anspruch 1, die mindestens 10-mal mehr Glutamat aus ihrer Umgebung aufnimmt als eine nicht differenzierte mesenchymale Stammzelle, die CD73, CD90 und CD105 exprimiert und CD14, CD19, CD34, CD45 und HLA-DR nicht exprimiert.
3. Zelle nach Anspruch 1, wobei das Differenzieren unter Verwendung eines Differenzierungsmittels bewirkt wird, ausgewählt aus der Gruppe bestehend aus aus Blutplättchen stammendem Wachstumsfaktor (PDGF, von engl. platelet derived growth factor), humanem Neuregulin-1- β 1, FGF2, EGF, N2, IBMX und cAMP.
4. Zelle nach Anspruch 1, wobei das Differenzierungsmittel jeweils eines von aus Blutplättchen stammenden Wachstumsfaktor (PDGF), humanem Neuregulin-1- β 1, FGF2, EGF, N2, IBMX und cAMP umfasst.

5. Zelle nach Anspruch 1, wobei die mesenchymale Stammzelle mindestens vier Wochen in dem Blutplättchenlysat umfassenden Medium inkubiert wurde.
6. Zelle nach Anspruch 1, wobei das Medium kein Serum enthält.
7. Zelle nach Anspruch 1, wobei das Differenzieren durch Inkubieren der mesenchymalen Stammzellen in einem ersten Differenzierungsmedium bewirkt wird, das den epidermalen Wachstumsfaktor hEGF und/oder den basischen Fibroblastenwachstumsfaktor umfasst; und anschließendes Inkubieren der mesenchymalen Stammzellen in einem zweiten Medium, das aus Blutplättchen stammenden Wachstumsfaktor und humanes Neuregulin-1- β 1 umfasst.
8. Zelle nach Anspruch 1 zur Verwendung bei der Herstellung eines Medikaments zur Behandlung einer ZNS-Erkrankung oder -Störung.
9. Zelle zur Verwendung nach Anspruch 8, wobei die ZNS-Erkrankung oder -Störung ausgewählt ist aus der Gruppe, bestehend aus Parkinson, Multipler Sklerose, Epilepsie, amyotropher Lateralsklerose, Schlaganfall, autoimmuner Enzephalomyelitis, diabetischer Neuropathie, glaukomatöser Neuropathie, Alzheimer-Krankheit und Huntington-Krankheit.

Revendications

1. Cellule humaine isolée, non génétiquement modifiée, pouvant être obtenue en différenciant une cellule souche mésenchymateuse non différenciée qui a été incubée dans un milieu comprenant un lysat de plaquettes, dans laquelle la cellule sécrète le facteur neurotrophique dérivé du cerveau (BDNF) et ne sécrète pas le facteur de croissance nerveuse (NGF), dans laquelle une sécrétion basale dudit BDNF est au moins cinq fois supérieure à une sécrétion basale dudit BDNF dans une cellule souche mésenchymateuse non différenciée, ladite cellule souche mésenchymateuse non différenciée exprimant CD73, CD90 et CD105 et n'exprimant pas CD14, CD19, CD34, CD45 et HLA-DR, dans laquelle ladite sécrétion basale de ladite CSM non différenciée se produit en l'absence de stimulants.
2. Cellule humaine isolée selon la revendication 1, qui absorbe au moins 10 fois plus de glutamate de son environnement qu'une cellule souche mésenchymateuse non différenciée qui exprime CD73, CD90 et CD105 et n'exprime pas CD14, CD19, CD34, CD45 et HLA-DR.
3. Cellule selon la revendication 1, dans laquelle ladite différenciation est effectuée en utilisant un agent de différenciation choisi dans le groupe constitué du facteur de croissance dérivé des plaquettes (PDGF), de la neuréguline humaine 1- β 1, du FGF2, de l'EGF, du N2, de l'IBMX et de l'AMPc.
4. Cellule selon la revendication 1, dans laquelle ledit agent de différenciation comprend chacun du facteur de croissance dérivé des plaquettes (PDGF), de la neuréguline humaine 1- β 1, du FGF2, de l'EGF, du N2, de l'IBMX et de l'AMPc.
5. Cellule selon la revendication 1, dans laquelle ladite cellule souche mésenchymateuse a été incubée pendant au moins quatre semaines dans ledit milieu comprenant un lysat de plaquettes.
6. Cellule selon la revendication 1, dans laquelle ledit milieu est dépourvu de sérum.
7. Cellule selon la revendication 1, dans laquelle ladite différenciation est effectuée en incubant lesdites cellules souches mésenchymateuses dans un premier milieu de différenciation comprenant le facteur de croissance épidermique hEGF et/ou le facteur de croissance basique des fibroblastes ; et ensuite en incubant lesdites cellules souches mésenchymateuses dans un deuxième milieu comprenant un facteur de croissance dérivé des plaquettes et la neuréguline humaine 1- β 1.
8. Cellule selon la revendication 1 pour une utilisation dans la fabrication d'un médicament destiné à traiter une maladie ou un trouble du SNC.
9. Cellule pour l'utilisation selon la revendication 8, dans laquelle la maladie ou le trouble du SNC est choisie dans le groupe consistant en la maladie de Parkinson, la sclérose en plaques, l'épilepsie, la sclérose latérale amyotrophique, l'accident vasculaire cérébral, l'encéphalomyélite auto-immune, la neuropathie diabétique, la neuropathie glauco-

mateuse, la maladie d'Alzheimer et la maladie de Huntington.

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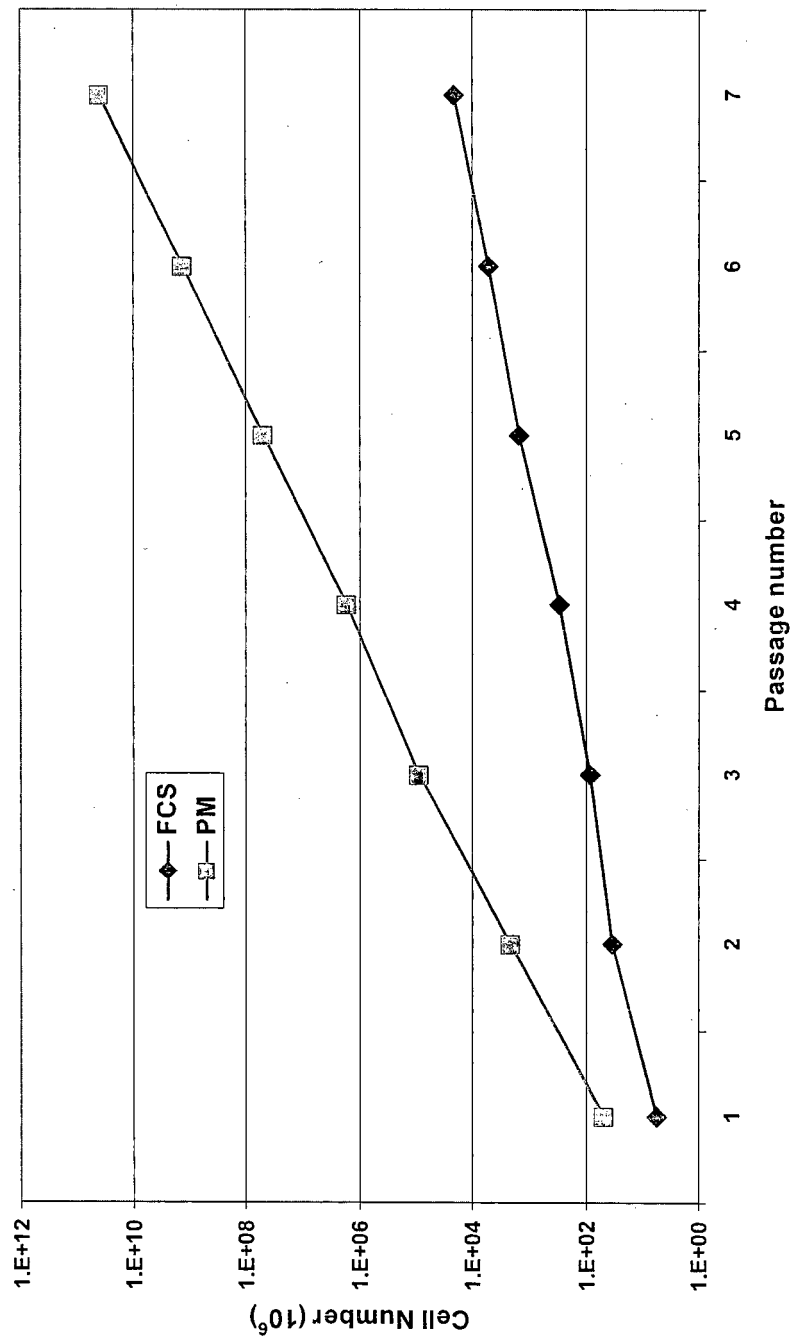
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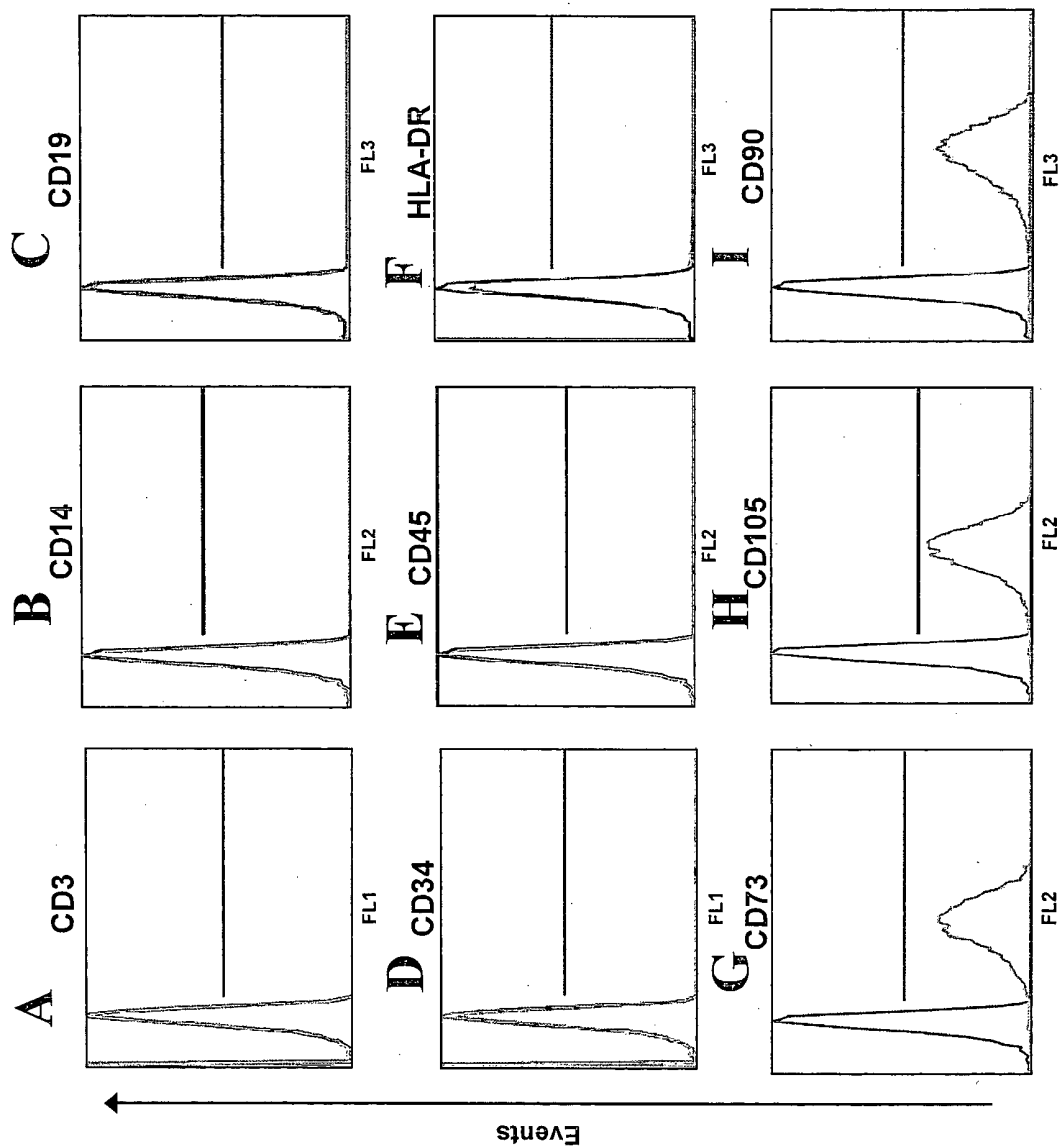
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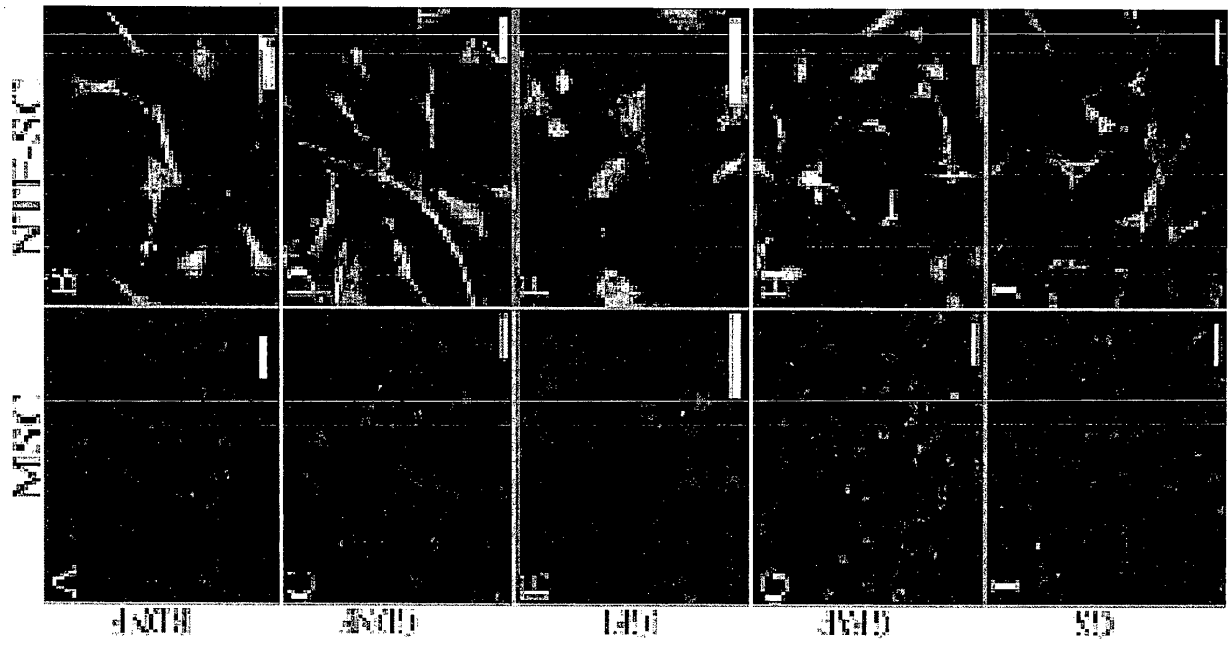
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FIG. 1



FIGs. 2A-I





FIGs. 3A-J

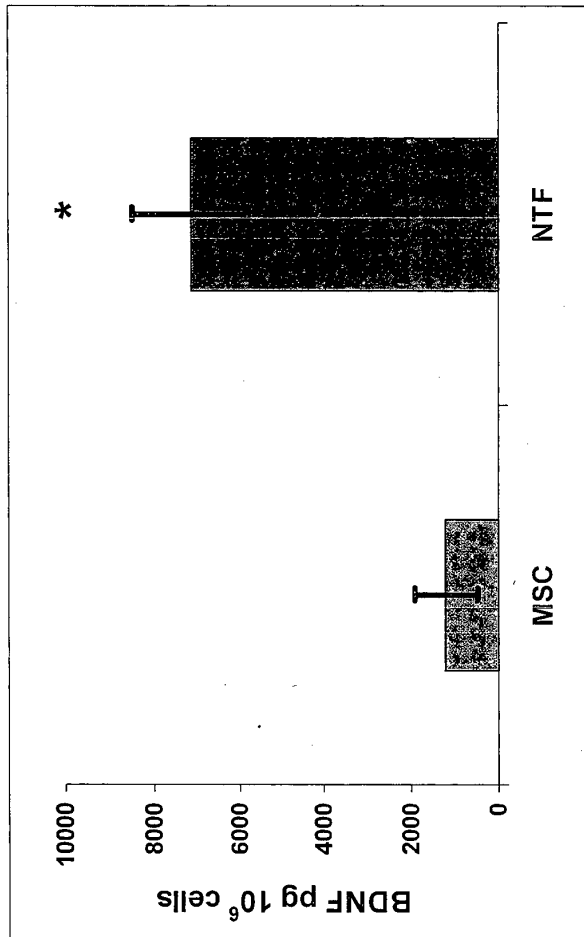


FIG. 3K

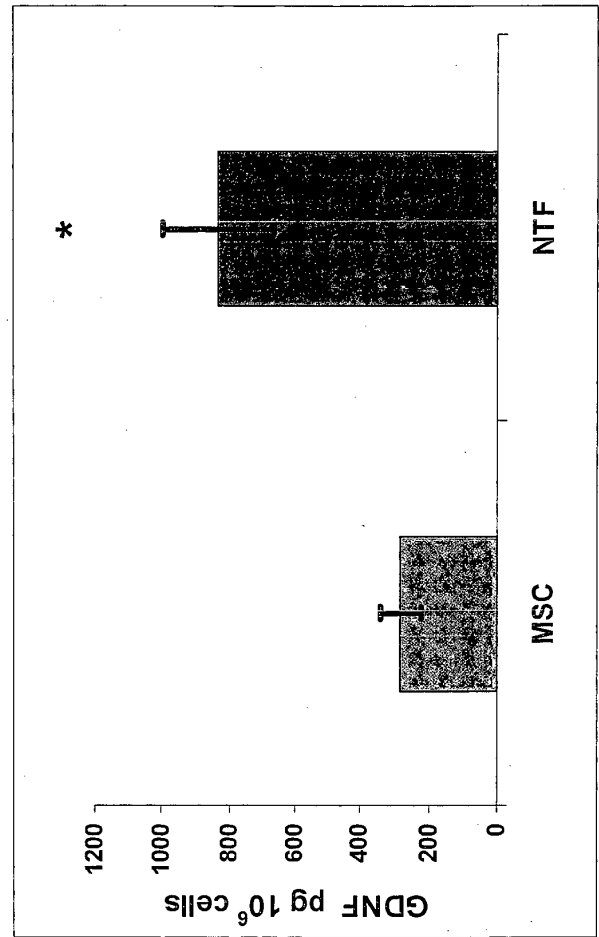


FIG. 3L

FIG. 4

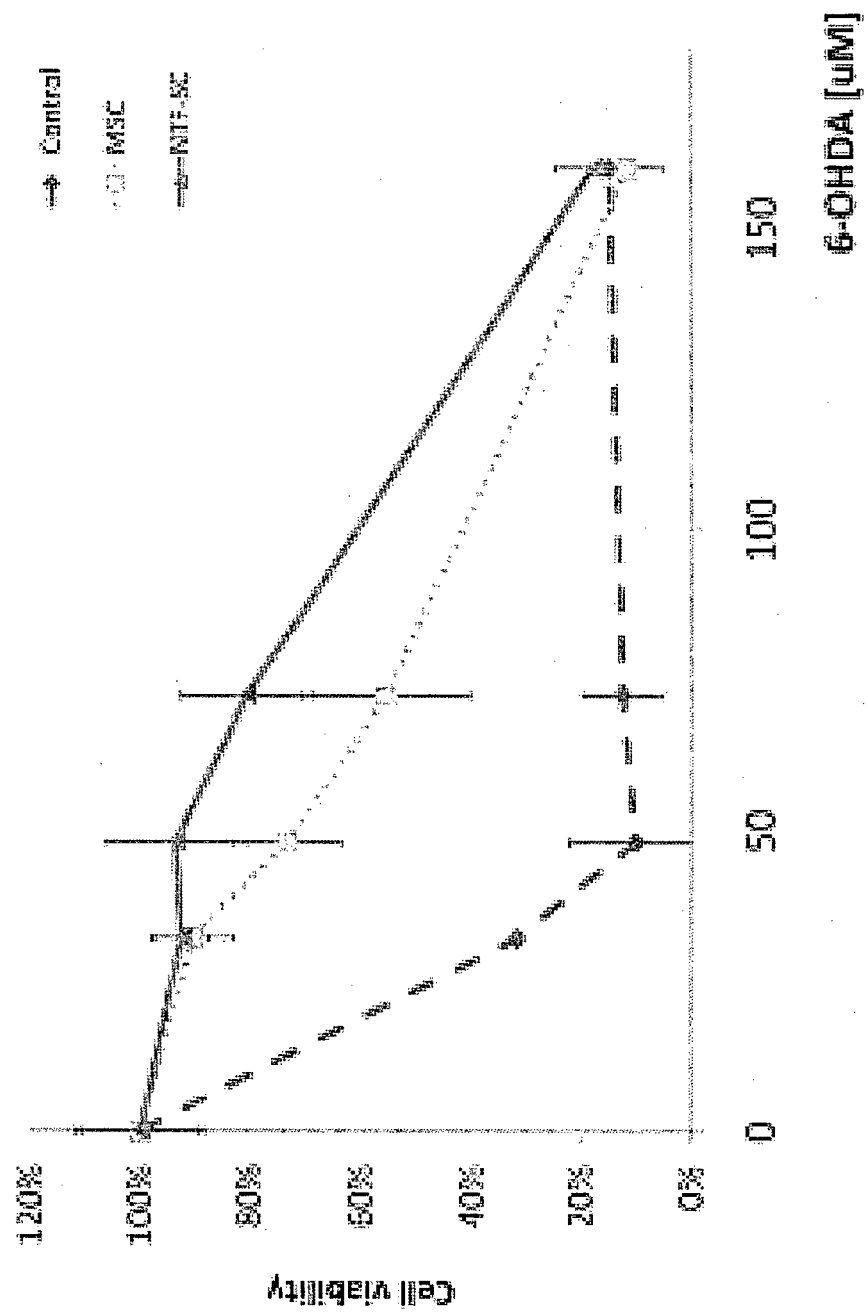


FIG. 5A

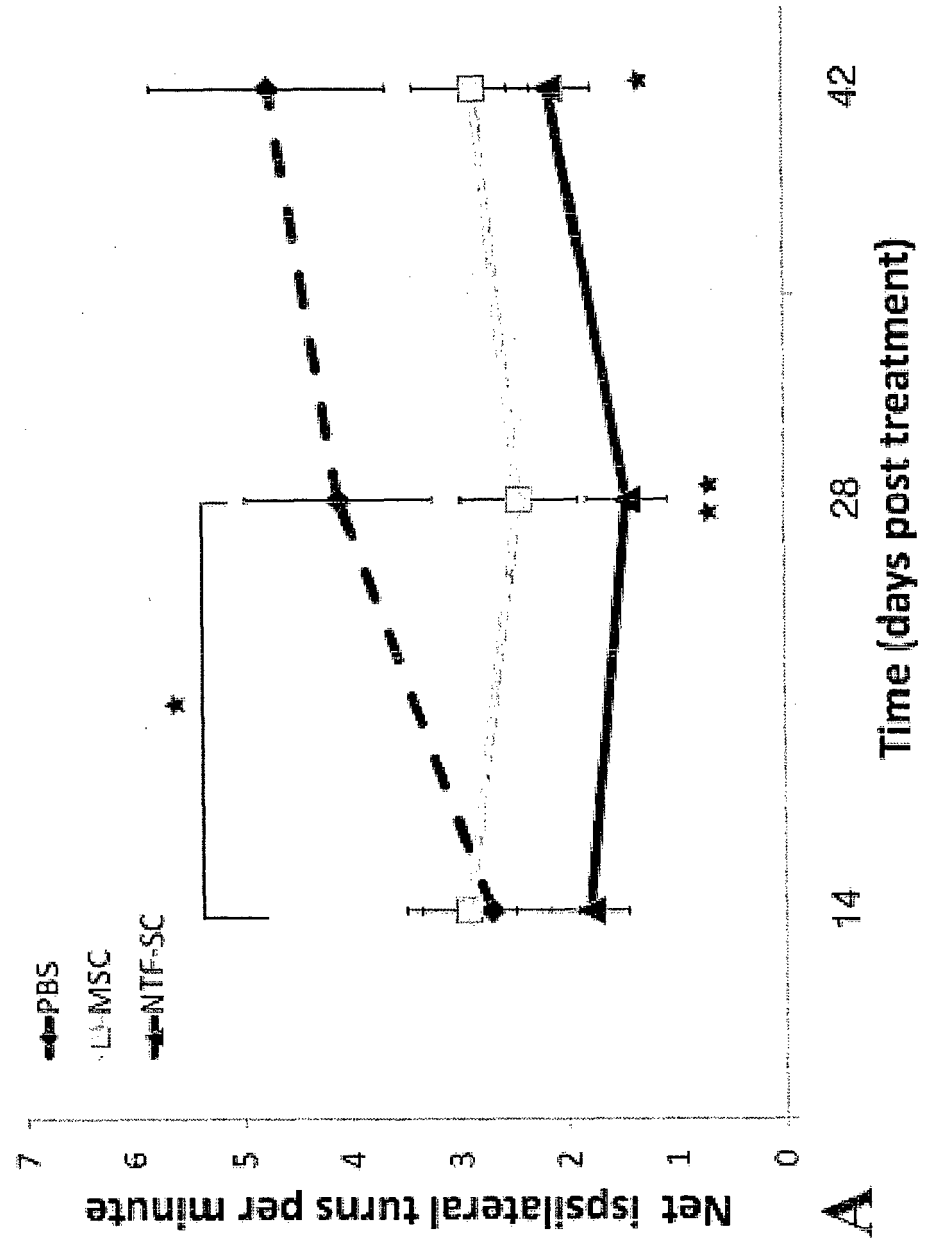
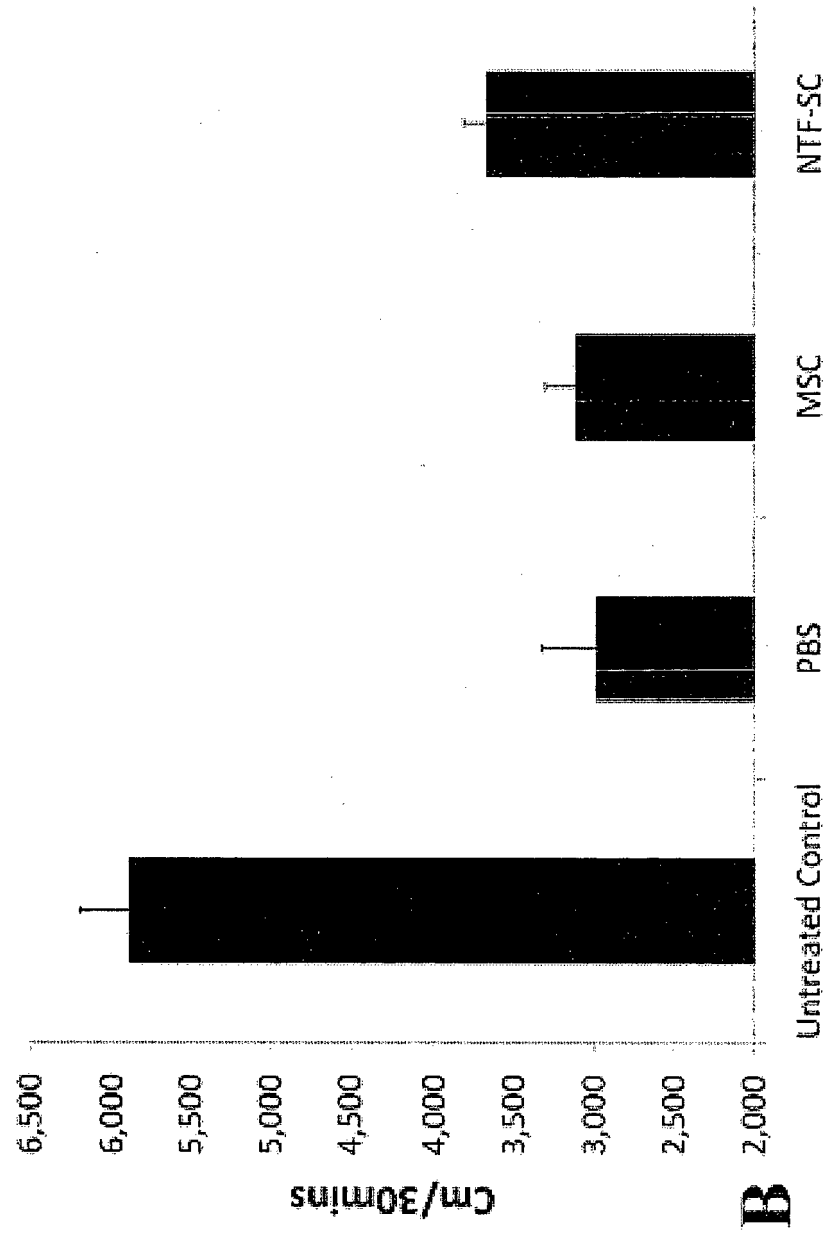
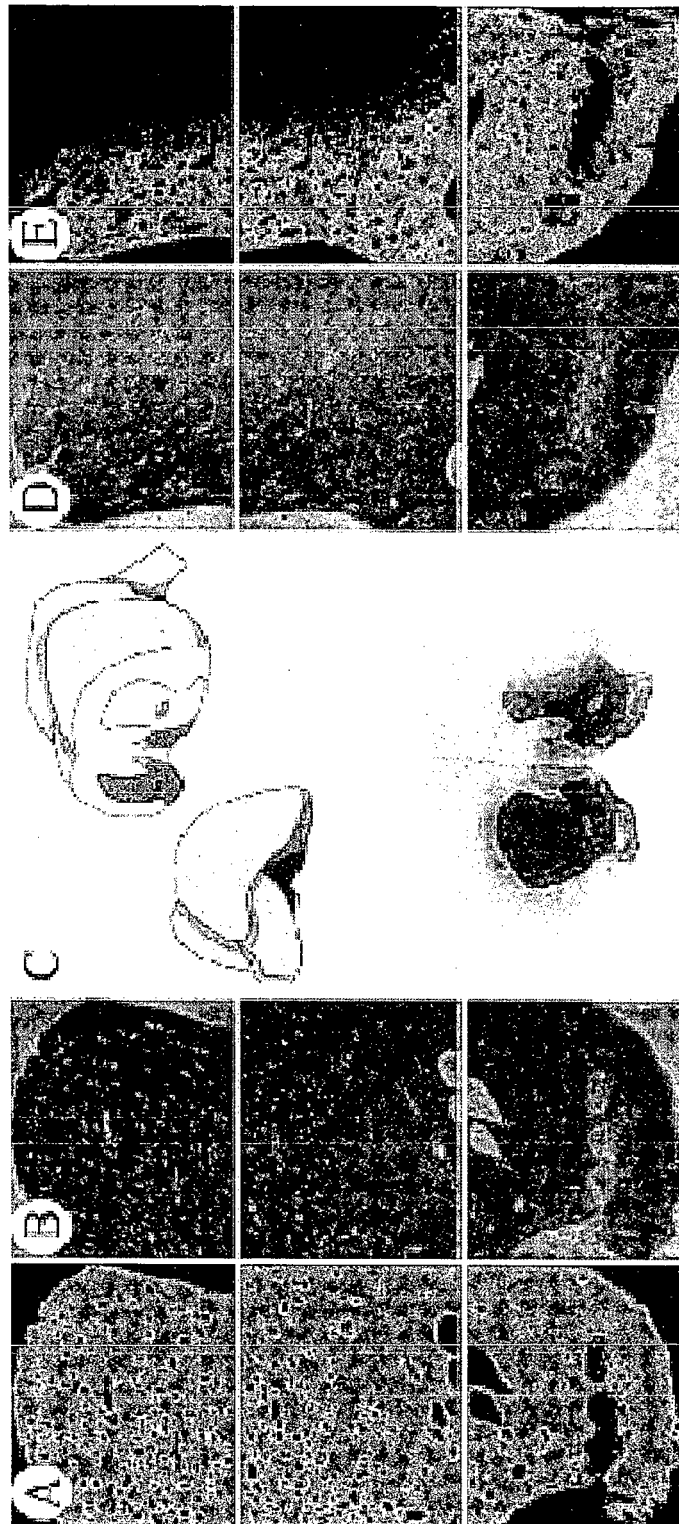


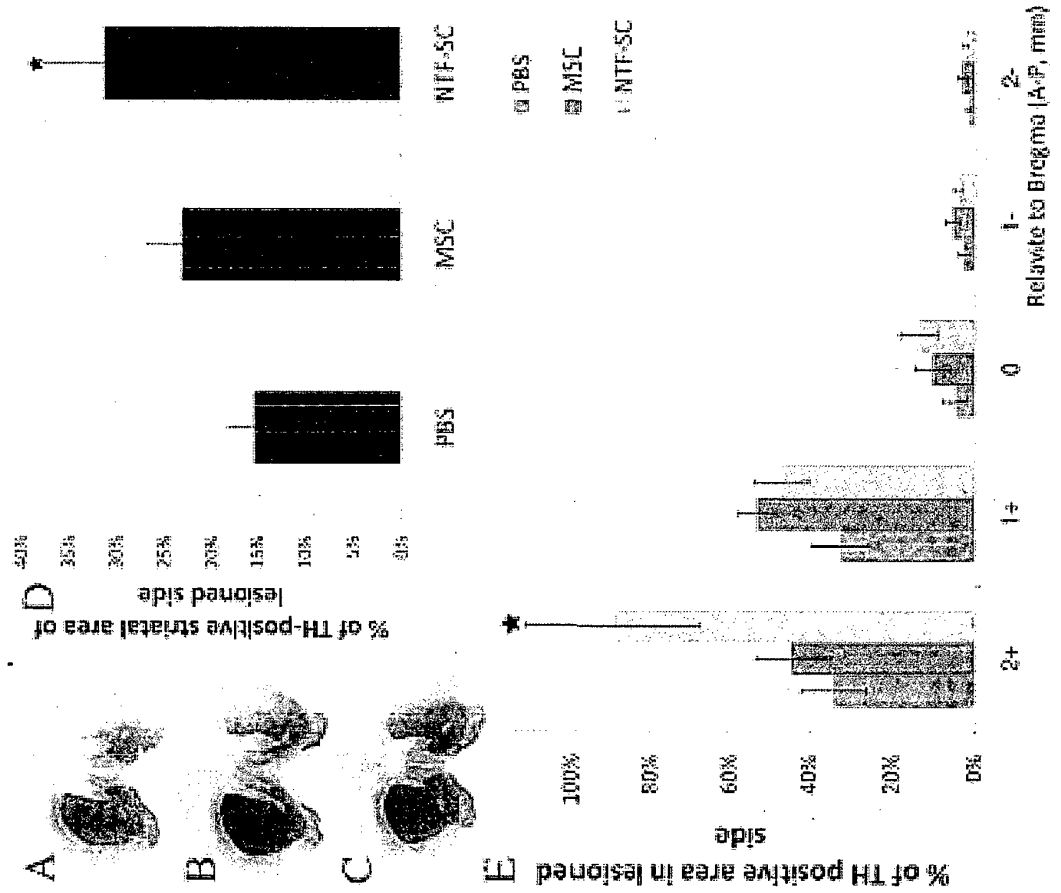
FIG. 5B



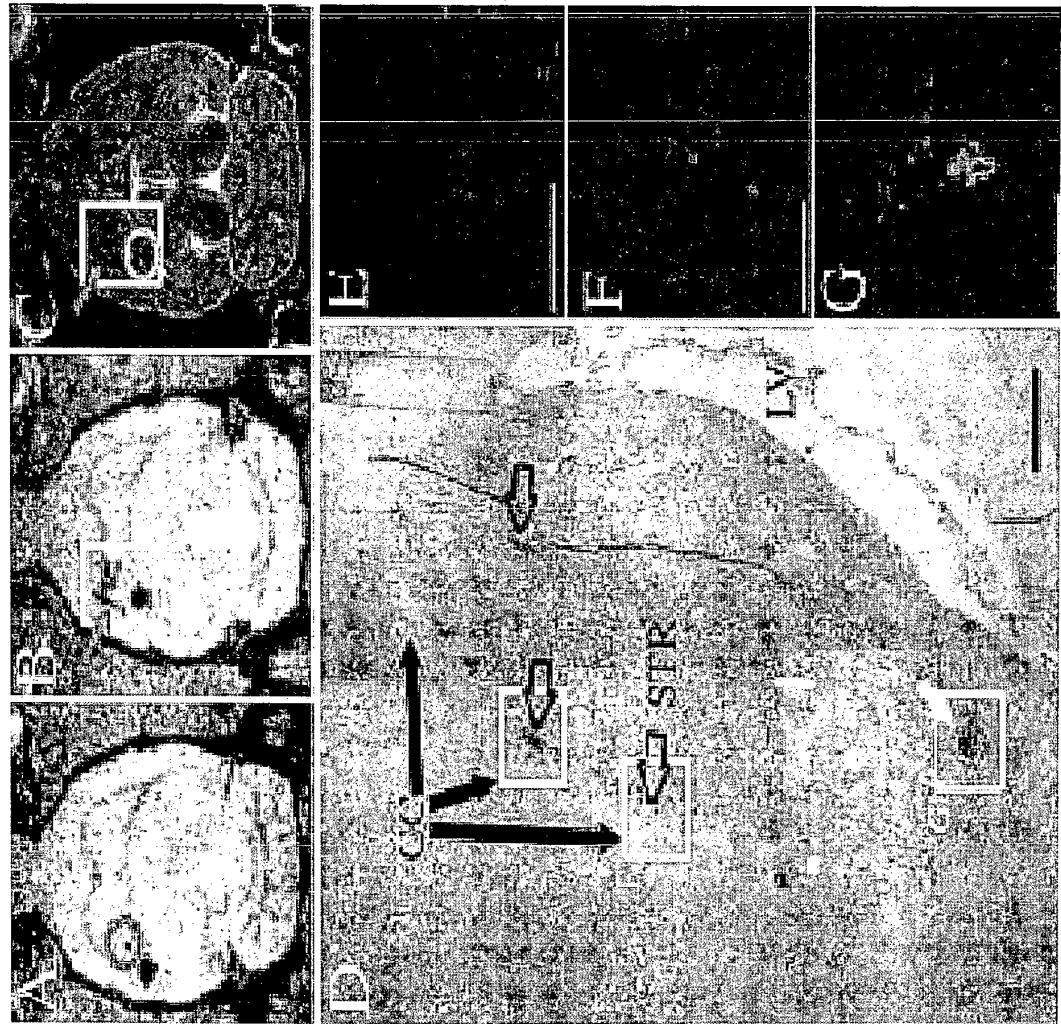
FIGS. 6A-E



FIGS. 7A-E



FIGs. 8A-G



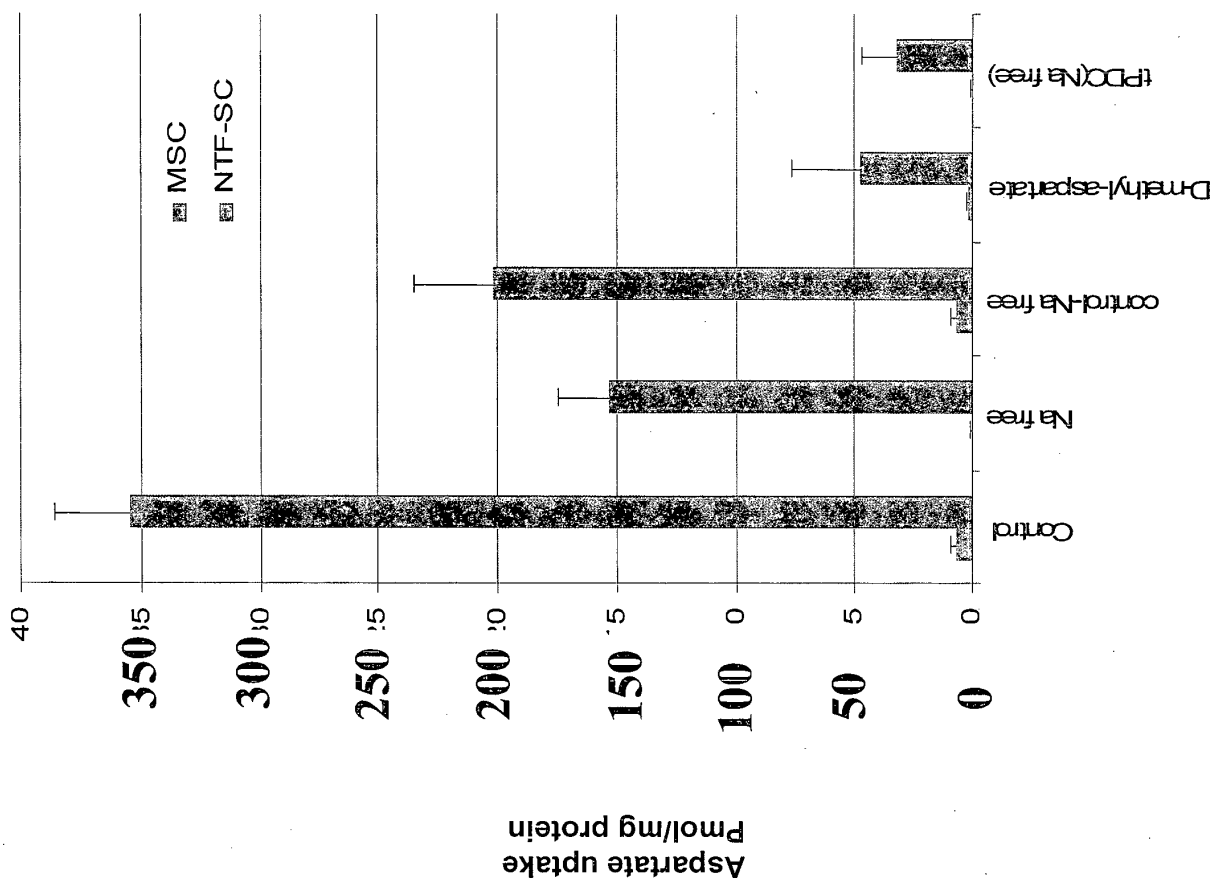


FIG. 9

REFERENCES CITED IN THE DESCRIPTION

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